

## 2014-2015 Petition for a Dependency Override

Student's Name (please print): \_\_\_\_\_ TUID: \_\_\_\_\_

- Initial Request –complete sections A and C below**
- Renewal Request – complete sections B and C**

**Dependency Status:** For the 2014-15 academic year, you will be considered as an independent student **IF** at least one of the following applies:

- You were born before January 1, 1991.
- You will be enrolled in a master's or doctoral degree program (beyond a bachelor's degree) at the beginning of the 2014-15 academic year.
- You're married on the day you file the 2014-15 FAFSA (even if you are separated but not divorced).
- You have children that receive more than half their support from you between July 1, 2014 and June 30, 2015.
- You have dependents (other than your children or spouse) who live with you and who receive more than half their support from you at the time you apply and through June 30, 2015.
- At any time since you turned age 13, both your parents are deceased, and you were in foster care or a dependent or ward of the court.
- As determined by a court in your state of legal residence, you are or were an emancipated minor or in a legal guardianship.
- At any time on or after July 1, 2013, your high school or school district homeless liaison determined you were an unaccompanied youth who was homeless.
- At any time on or after July 1, 2013, the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determined you were an unaccompanied youth who was homeless.
- At any time on or after July 1, 2013, the director of a runaway or homeless youth basic center or transitional living program determined that you were an unaccompanied youth who was homeless or was self-supporting and at risk of being homeless.

**On a case by case basis a student who is otherwise considered dependent may be considered for a Dependency Override if there are unusual circumstances.**

**Unusual circumstances include:**

- abandonment by parents
- an abusive family environment that threatens the student's health or safety
- the student being unable to locate his/her parents

In such cases a dependency override might be warranted.

**None of the conditions listed below, singly or in combination, qualify as unusual circumstances meriting a dependency override:**

- parents refuse to contribute to the student's education
- parents are unwilling to provide information on the FAFSA or for federal verification
- parents do not claim the student as a dependent for income tax purposes
- student demonstrates total self-sufficiency

Student's Name (please print): \_\_\_\_\_ TUID: \_\_\_\_\_

## Section A – Initial Request

**Instructions:** In order for the Office of Student Financial Services (SFS) to consider you for a Dependency Override, you must complete this form and provide the following documentation:

1. **Submit the 2014-2015 Free Application for Federal Student Aid (FAFSA).** The FAFSA should be on file by the March 1st priority deadline.
2. **Write a personal letter requesting consideration for independent status** which outlines your extenuating family circumstances. Please include the following:
  - The whereabouts of your biological father and his current living arrangements. Include any contact you had with your biological father and the frequency of contact with him over the past year.
  - The whereabouts of your biological mother and her current living arrangements. Include any contact you had with your biological mother and the frequency of contact with her over the past year.
  - Why you cannot provide parental financial information on the 2014-2015 Free Application for Federal Student Aid (FAFSA).
  - Your living arrangements over the past year. With whom have you resided? Who has provided financial support to you during the past year?
  - Your name, TUID and signature.

**Please print clearly and do not leave any item blank.**

3. **A copy of your 2013 Federal Income Tax Transcript including all 2013 W2 forms.**
4. **An Independent Verification Worksheet available at <http://sfs.temple.edu/forms>.**
5. **Submit at least two letters from third parties who have detailed personal knowledge of your situation and who can verify your circumstances. At least one letter should be on official letterhead from an agency. Examples include: high school counselor, psychologist, social worker, community organization.**
6. **Include any third party documentation you feel will support your appeal for independent status: death certificate of parent(s), verification of incarceration of parent(s) and letters from family physicians may be appropriate.**

*Note: This form will be returned to you with a request for supporting documentation if none is provided.*

**Please print clearly and do not leave any item blank. Return the petition and supporting documents to SFS.**

1. Did anyone claim you on their 2013 Federal Income Tax Return?  
\_\_\_\_ NO  
\_\_\_\_ YES – Person's Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_
2. Did anyone claim you on their 2013 Federal Income Tax Return?  
\_\_\_\_ NO  
\_\_\_\_ YES – Person's Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**Student's Name (please print):** \_\_\_\_\_ **TUID:** \_\_\_\_\_

3. Did you receive AFDC/TANF (welfare), SSI (disability), or Social Security checks in 2013?  
 \_\_\_ NO

\_\_\_ YES – Name of source(s): \_\_\_\_\_ Amount per month: \_\_\_\_\_ for \_\_\_ months

**Please provide the following information (you may be asked to provide documentation) about your expenses PER MONTH in 2012 and 2013.**

Monthly Expenses	2012	2013
1. Housing (rent, mortgage)	\$	\$
2. Child Care	\$	\$
3. Food	\$	\$
4. Utilities	\$	\$
5. Medical/Dental	\$	\$
6. Clothing	\$	\$
7. Auto (car payments, insurance, maintenance)	\$	\$
8. Other Personal Expenses	\$	\$
9. TOTAL MONTHLY EXPENSES	\$	\$
10. TOTAL YEARLY (line 9 x 12 months)	\$	\$

### Section B - Renewal Request

**Instructions:** The Office of Student Financial Services may ask for supporting documentation and further clarification of the special circumstances you reported even if you were approved for a Dependency Override in a previous academic year/term. According to Federal Regulations, only certain conditions qualify as unusual circumstances meeting the requirements for continued approval of a dependency override.

1. **Submit the 2014-2015 Free Application for Federal Student Aid (FAFSA).** The FAFSA should be on file by the March 1st priority deadline
2. Write a personal letter requesting consideration for continued independent status outlining your family circumstances and educational plans.
  - The whereabouts of your biological father and his current living arrangements. Include any contact you had with your biological father and the frequency of contact with him over the past year.
  - The whereabouts of your biological mother and her current living arrangements. Include any contact you had with your biological mother and the frequency of contact with her over the past year.
  - Why you cannot provide parental financial information on the 2014-2015 Free Application for Federal Student Aid (FAFSA).
  - Your living arrangements over the past year. With whom have you resided? Who has provided financial support to you during the past year?
  - Your name, TUID and signature.
3. Academic year original documentation submitted: \_\_\_\_\_
4. Did you resume living with your biological or adoptive parent(s) in the past year or current year? \_\_\_ Yes \_\_\_ No
5. Will your biological or adoptive parent(s) or another person claim you as a dependent in 2013? \_\_\_ Yes \_\_\_ No

Student's Name (please print): \_\_\_\_\_ TUID: \_\_\_\_\_

6. Did your biological or adoptive parent(s) provide you with any support in cash or contribute to paying for any part of your college expenses including room and food? \_\_\_Yes \_\_\_No

**SECTION C – Affirmation and Certification:**

**Certification:** By signing this document, I certify that all information contained on this form is true and complete to the best of my knowledge. Providing inaccurate or false information may result in the denial, reduction, withdrawal and/or repayment of financial aid. I also understand that I may submit only one request per academic year and the decision of the Office of Student Financial Services is final.

*Please note that a request for Professional Judgment (Special Circumstances) consideration does not guarantee the receipt of new or additional financial aid. Our ability to help will depend on the unique circumstances of the request, the strength of the documentation provided and the availability of financial aid funding at the time of the result.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Main Campus</b> Student Financial Services 1801 N. Broad Street Philadelphia, PA 19122 215-204-2244 215-204-5897 fax	<b>Ambler Campus</b> Student Financial Services 580 Meeting House Road 103 West Hall Ambler, PA 19002 267-468-8443 267-468-8228 fax	<b>Health Science Campus</b> Student Financial Services 3340 N. Broad Street Philadelphia, PA 19140 215-707-2667 267-707-2917 fax
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