



## Office of Financial Aid

### Dependency Override Request

#### Form 2024-2025

Complete this form if you do not meet the federal criteria to be considered independent for financial aid purposes, but can demonstrate compelling reason(s) for excluding parent information on your 2024-2025 Free Application for Federal Student Aid (FAFSA). A Dependency Override Request allows you to request a dependency status change from dependent to independent due to unusual circumstances.

Conditions that **MAY** warrant a dependency override are listed below. **Please mark all that apply to your situation.**

- Abandonment: Your parent(s) retained legal custody of you, but voluntarily left or were purposely absent. Their whereabouts are unknown or you cannot readily reach them. You have not had contact with your parent(s) and they have not provided you with any emotional or financial support for an extended period of time.
- Abuse: Your health or safety was at risk due to living with your parent(s) in an environment that included physical, sexual, emotional, verbal and/or substance (drug/alcohol) abuse.
- Incarceration: At least one parent is in prison as a result of their participation in illegal activities and you do not have contact with or receive any support from your other parent.
- Institutionalization: At least one parent is institutionalized and lacks the mental capacity to complete the FAFSA and you do not have contact with or receive any support from your other parent.
- Death: Your custodial parent is no longer living and you do not have contact with or receive any support from your other parent.
- Location Unknown: Your parents do not reside in the United States and cannot be contacted.
- Other extenuating circumstances: All circumstances that do not meet any of the above criteria

**PLEASE NOTE:** The purpose of a Dependency Override Request, **IF APPROVED**, is to change a student's status from dependent to independent. It **MUST NOT** be used (1) to a make an otherwise ineligible student eligible for federal aid; 2) if your parent(s) are unwilling to provide financial data or support; 3) if you are self-supporting; or, 4) if your parents do not claim you on their income tax returns, or contribute towards your educational expenses.

**If you wish to apply for a dependency override, you must submit the following documentation:**

1. A letter of explanation, typed or written by you explaining the extraordinary family circumstances that led to you leaving the parent's household. The letter must include information on your means of support since leaving the parent's household. **\*If you disclose any information regarding current or previous childhood abuse or neglect, state law requires BSU staff to report the information to MD's Office of Child Protective Services even if the events occurred years ago.\***
2. Letters (on letterhead) from three professionals verifying the family circumstances described in your letter of explanation. Professionals may include guidance counselors, clergy members, teachers, doctors, family counselors, mental health professionals, and law enforcement.
3. Signed copy of your 2022 1040/A/EZ **OR** Tax Return Transcript from IRS; 2022 W-2s or 2022 non-tax filers statement; or written, signed statement if you did not file a tax return for 2022
4. Completed copy of the Independent Verification Worksheet V1 for 2024-2025

Submission of documents **does not guarantee** approval of your request. Approval of your request **does not guarantee** receipt of additional aid. Students approved for a dependency override must renew their dependency appeal each year until the student is automatically considered independent by federal Department of Education (DOE) criteria.

Please upload all information and documentation in PDF format to your student portal or in person to the Office of Financial Aid. The Appeals Committee will send written notification of its decision to you within two weeks after receipt of all documentation. Please note that additional information may be requested.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student ID #