

## 2025-2026 Dependency Override Request

Name \_\_\_\_\_ Banner ID \_\_\_\_\_  
*Please print*

Bravemail \_\_\_\_\_@bravemail.uncp.edu Phone \_\_\_\_\_

The federal government defines dependency status for financial aid applicants. This form is used by a student who is classified as a dependent student based on his/her answers in Step Three of the Free Application for Federal Student Aid (FAFSA) but believes that (s)he should be considered independent.

Federal regulations permit financial aid administrators to make dependency overrides on a case-by-case basis for any student with unusual circumstances. However, federal regulations prohibit the following circumstances:

1. Parents refuse to contribute to the student's education;
2. Parents are unwilling to provide information on the FAFSA or for verification;
3. Parents do not claim the student as a dependent for income tax purposes;
4. Student demonstrates self-sufficiency

Unusual circumstances where an override may be considered (must be documented):

- Parental abandonment
- Parental drug/alcohol abuse
- Parental mental incapacity
- Physical or emotional abuse
- Parental incarceration

If you can document unusual circumstances, complete this form to request your dependency status be changed to independent. The outcome of your appeal depends on the information you furnish to the Office of Financial Aid. Be complete and concise. All information will be held strictly confidential. **Please allow 4-6 weeks for processing.**

**To be considered for a Dependency Override, the following documentation MUST be attached to this form.**

- ☐ Student's Statement of Independence – a typed personal statement in which you explain the following:
  - o Reason(s) for requesting a dependency override
  - o History of parental relationships including timeline of events
  - o Current living arrangements including names and contact information of household members
  - o How you support yourself
  - o **This statement must be signed and dated.**
- ☐ Third Party Affirmation (statements) from the following:
  - o Professional adult who is familiar with and can verify your circumstances. Examples of professional adult includes: law enforcement officer, clergy member, school counselor or social worker. **These statements must be on business letterhead, signed, and dated.**
  - o Relative or friend who is familiar with and can verify your circumstances. Must include contact information. **These statements must be signed and dated.**
- ☐ Copy of student's 2023 IRS Federal Income Tax Transcript **OR** 2023 IRS Verification of Non-Filing Letter
- ☐ Copy of student's birth certificate indicating names of biological mother and father
- ☐ Additional documentation that supports your claim – court documentation, death certificate, incarceration notice, police report, etc.

*I certify that the information listed on this form and all supporting documents concerning my request for a dependency override are correct and complete. I also understand that all decisions are final and if the dependency override is denied that parental information will be required to process my FAFSA.*

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