PART I: Student Information

Last Name __________________________________________________________________________
First Name __________________________________________________________________________
TAMUK ID (K#) _______________________________________________________________________

The US Department of Education has given the Office of Student Financial Aid guidance regarding situations that do and do not qualify as an unusual circumstance that would merit a dependency override.

The definition of a dependency override is a dependent student’s inability to submit parental information on the Free Application for Federal Student Aid (FAFSA) due to an unusual circumstance.

The following circumstances do not merit a dependency override:

- Parents refuse to contribute to the student’s education;
- Parents are unwilling to provide information on the application or for verification;
- Parents do not claim the student as a dependent for income tax purposes; and/or
- Student demonstrates total self-sufficiency

However, the following circumstances may merit a dependency override.

- an abusive family environment (e.g., sexual, physical, or mental abuse or other forms of domestic violence)
- abandonment by parents
- incarceration or institutionalization of both parents
- parents lacking the physical or mental capacity to raise the child
- parents whereabouts unknown or parents cannot be located
- parents hospitalized for an extended period
- an unsuitable household (e.g., child removed from the household and placed in foster care)
- married student’s spouse dies or student gets divorced

PART II: Instructions for Completion

The following is needed in order for a student to apply for a Dependency Override:

1. A personal letter explaining in as much detail as possible the reason you are separated from your parents. Your letter should include the whereabouts of your parents (if unknown, state “unknown”), last known contact you have had with your parents (this includes holidays and birthdays), your living arrangement over the past year(s) and who has supported you financially. Please note: if one of your parents has died, you can include a copy of the death certificate along with your appeal.

2. A letter from someone who can attest to your situation. The letter should support the information you submitted regarding your situation and list any additional details.

3. A letter from a professional individual not related to the student – counselor, social worker, teacher, clergy, police, etc. Please submit on organizations letterhead. Please note: this letter cannot be from an individual employed at TAMUK.

4. A completed and signed 2016-2017 FAFSA.

5. A copy of the student’s 2015 Federal Tax Return Transcript and/or all W2’s/1099’s (this included social security benefits received on behalf of the student).

State law requires that you be informed of the following: (1) with few exceptions, you are entitled on request to be informed about the information the University collects about you by use of this form; (2) under sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information; and (3) under section 559.004 of the Government Code, you are entitled to have the University correct information about you that is incorrect.
PART III: Reporting of Federal Benefits

Please complete the following information:

1. Did anyone claim you on their Federal Income Tax Return?
   - No
   - Yes, Person’s Name: ____________________________
     Relationship to Student: ____________________________
     Year(s) ____________________________

2. Did you receive TANF, SNAP, or Social Security Benefits in 2015?
   - No
   - Yes, List the name(s) of the source, how much you received PER MONTH, and the number of months you received the benefit in 2015.
     Source: ____________________________
     Amount: ____________________________
     Number of months received: ____________________________

PART IV: Reporting of monthly expenditures for 2014 and 2015:

<table>
<thead>
<tr>
<th>Expense</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing (rent/mortgage)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Credit Card(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical/Dental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clothing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auto (includes payments, insurance and maintenance)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Personal Expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Monthly Expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Annual Expenses</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PART IV: Certification Statement and Signature

By signing the Dependency Override Form, I certify that all of the information reported on this application is complete and correct. I hereby certify that all information contained in this request to receive my independent status is true. I swear or affirm that I have not knowingly or intentionally provided any false statements or fraudulent documentation.

___________________________________________
Student’s Signature

___________________________________________
Date