

## 2014-2015

# Professional Judgment Request-Dependency Override

Student Financial Services – RM E118 1825 N Bluemound Dr/ PO BOX 2277 Appleton WI 54912

Ph: (920) 735-5650 \* Fax (920) 735-5763

Dependency overrides focus on truly exceptional circumstances. Consideration is given on a case-by-case basis, and in extraordinary and documented cases, the financial aid office has the authority to use professional judgment to override a student's dependency status in order to make a student independent for the purpose of applying for financial aid.

NOTE: We cannot approve requests for students whose sole reason for the request is because their parents are unwilling to provide parental information, or for students who have chosen to live on their own.

#### Examples of unusual circumstances include:

- A student's voluntary or involuntary removal from their parents' home due to an extreme situation that threatened the student's health and/or safety and, due to these conditions, parent support was terminated.
- Incapacity of parent(s) such as incarceration, mental or physical illness or the inability of the applicant to locate the parent(s).
- Other extenuating circumstances that can be sufficiently documented.

#### Those circumstances that DO NOT qualify would be:

- Parents' unwillingness or inability to contribute to the student's education.
- Parents' unwillingness to provide information on the application or for verification.
- Parents not claiming the student as a dependent for income tax purposes.
- Student can demonstrate total self-sufficiency.

#### Please note

- If your appeal is complete or submitted without the necessary documentation, processing of your appeal will be delayed until the additional information is obtained.
- Submission of an appeal does not guarantee your request will be approved.
- If approved, the dependency override is valid for only one academic year. Approval in one year does not guarantee approval in following years. Your status must be reassessed each academic year.
- You will be notified regarding the outcome of your dependency override request.
  - A. If your appeal is accepted, the override will be submitted to the Department of Education, and you will receive a Student Aid Report (SAR) reflecting your independent status. An award letter will then be processed and mailed to you.
  - B. If your appeal is not accepted, the Financial Aid Director will notify you.

### **INSTRUCTIONS:** Complete **ALL** five required information on this form.

- 1. Attach a typed (or neatly hand-written), signed statement that explains in detail the extreme, unique and/or unusual family circumstances that prevent you from obtaining and providing your parents' information for your financial aid application.
- 2. Attach court or other official documentation of your status (e.g., guardianship, HHS documentation).
- 3. Attach a signed statement from your guardian (if applicable) detailing your circumstances.
- 4. Attach a signed statement from a third party who is knowledgeable of your family situation and can verify the reason you are unable to provide your parent's information. This third party should be someone unrelated to you and should be on letterhead. Appropriate third-party statements are from clergy, school counselors, teachers or similar professions. **The third-party letter must include:** how long the third-party has known the student, the third-party's relationship to the student, when was the last time the student lived with and/or received financial support from his/her parents, and any knowledge of his/her relationships with the parents.
- 5. Fill out the back of this form completely.

Office u	se only:	Date received	l Staff	Initials

Name:				ID#:							
Phone#: (	)	E	-mail:								
Street Address:											
City, State, Zip:											
How long have	you lived at t	this address?		Years		Mon	ths				
Address:			Addres	ss:							
City, State, Zip:			City, St	tate, Zip:							
Parent(s) deceased (please provide documentation):  Mother Father											
What are your present living arrangements? (with whom do you live and since what date)											
When did you last live with your parent(s)?											
		tact with your pare									
							d W-2s for all employers.				
Also attach doci	umentation	of all 2014 income	to date):								
Medical insuran	re. $\Box$	Under parent(s)	I ha	ave my own		None					
Car insurance:		Under parent(s)		ave my own		None					
Do you own you	_		1116	ive my own		None					
			ion and loan	١							
· ·		your title, registrat									
No (attach an explanation of your transportation arrangements)  Are the utilities (i.e. gas, electric, cable) in your name?  Yes  No (attach explanation)											
	-			Yes		-	•				
				) should be in	iciuueu as	unreporte	d income (includes amounts				
-		e student's name).									
	=	f cash support: \$	- f.:		- 414	l	a allanda a khana ka liboa odkia				
		ther than money (i	.e. trienas or i	relatives givin	g the stud	ient food o	r allowing them to live with				
them rent free).		r. I. I									
Month	ly amount of	f in-kind support: \$	<u> </u>								
STUDENT CEI	RTIFICATIO	N:									
I certify that the information provided on this form is true and correct. I also understand that it will be used to override											
federal regulations regarding my dependency status.											
I fully understand that to falsify any information on this form in order to receive Federal Title IV funds is a federal offense											
and can be puni	shable by a	fine, imprisonmen	t, or both.								
I understand that if my situation changes in any way, if I move back with my parents or receive any kind of support from											
them, that I must report this information to the Financial Aid Office.											
I understand the	at by signing	this form, I author	rize the Financ	cial Aid Office	to contac	t my third-	party reference and verify				
any information supplied on this form.											
Student Sign:	ature:				Date	. /	/				
Stagent Sign					5acc	·/	<u> </u>				

Office use only: Date received\_\_\_\_\_\_ Staff Initials\_\_\_\_\_