2026-2027 Dependency Override Request Form

STUDENT INSTRUCTIONS

Dependency status for financial aid is established by the US Department of Education when you complete your Free Application for Federal Student Aid (FAFSA). Only unusual, documented circumstances, which are beyond the control of the student, may result in a dependency override. According to federal regulations, exceptions cannot be granted due to a parent's unwillingness to apply for financial aid, contribute to educational expenses, or because a student is self-supporting.

Examples of unusual circumstances include, but are not limited to, parental abandonment, incarceration, parental mental incapacity, physical or emotional abuse, drug abuse or severe estrangement.

If after reviewing the above information, you feel that the circumstances in your family warrant a dependency override, complete the Dependency Override Request Form. You will also need to submit **ALL** of the following:

1) Submit a formal, written statement explaining your unusual circumstances. Your statement should address:
- The circumstances that prevent you from providing parental information.
- Your relationship with your parent(s).
- When you last had contact with your parent(s).
- Your current living situation.
- How you support yourself financially.

2) Submit letters from third parties who have knowledge of your situation and who can verify your circumstances. Letters from relatives are acceptable but at least one letter MUST be on letterhead from a clergyman, guidance counselor, physician or social worker. Include a telephone number and an address on all letters.

3) Submit a signed and completed Verification Worksheet.

4) Submit your Federal Tax Return Transcript for the most recent tax year OR if you did not file a federal tax return, please explain in your written statement how you are financially supported.

5) Other documentation to support your unusual circumstance.

- ☐ Third-party statement
- ☐ Court documents (if applicable)
- ☐ Police reports (if applicable)
- ☐ Medical records (if applicable)
- ☐ Other supporting documentation (if applicable)

Failure to furnish all required documents will result in a processing delay and may result in denial. Additional documentation may also be requested from you or the third party by the Financial Aid Office. You will be notified in of the decision within 3-4 weeks of its submission.

All information and documentation provided is considered confidential and protected under the Family Educational Rights and Privacy Act (FERPA) part of the Privacy Act of 1974. The Financial Aid Office for Eastern WV CTC, in compliance with Title VI of the Civil Rights Act of 1964, and Title IV of the Higher Education Act of 1965, P.L. 89-329, as amended, does not discriminate on the basis of race, color, national origin, disability, age, or sex in any of its policies, practices or procedures.

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Please read this entire form before completing it. If you cannot answer an item, explain why in the Comments section. You must file your Free Application for Federal Student Aid (FAFSA) at www.fafsa.gov before submitting this request. The Financial Aid Office reserves the right to request additional information.

PART 1: STUDENT INFORMATION

Name: _____ Student ID # _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Student Email: _____

CIRCUMSTANCES: Please indicate the circumstance(s) that apply to your situation:

☐ Abandonment by parent(s)

☐ Abusive family environment (physical, emotional, sexual abuse)

☐ Parent(s) incarcerated

☐ Parent(s) cannot be located

☐ Human trafficking victim

☐ Refugee or asylum status

☐ Estrangement from parent(s)

☐ Other unusual circumstance (explain below)

PART 2: HOUSING INFORMATION

Where do/will you reside when classes are in session?

☐ Rented property—attach a copy of your lease or a statement from the landlord and at least one canceled check or receipt (if available)

☐ With a relative other than parent—attach a statement from the relative(s) indicating what financial arrangements are in effect

☐ Other—specify: _____

Where do/will you reside during periods when classes are not in session? _____

Do you share some/all of your housing expenses with others?

☐ Yes—specify the name of each person, relationship to you, and how much each contributes

1. _____
2. _____
3. _____
4. _____

☐ No

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PART 3: INCOME INFORMATION

Did you file a 2025 Federal Tax Return?

☐ Yes—attach a 2025 Federal Tax Return Transcript from the IRS

☐ No—explain how you were financially supported in 2025 and who will claim you as an exemption for tax purposes _____

Are you currently employed?

☐ Yes

☐ No

Do you receive SNAP benefits?

☐ Yes, provide monthly amount: $_____

☐ No

Do you receive any additional sources of income?

☐ Yes—complete the ***Additional Income*** section below

☐ No

ADDITIONAL INCOME INFORMATION

Record the source and monthly amount you receive in additional income.

- Source: _____Monthly Amount: $_____
- Source: _____Monthly Amount: $_____
- Source: _____Monthly Amount: $_____
- Source: _____Monthly Amount: $_____

CERTIFICATION AND SIGNATURES

Signing this worksheet certifies that all of the information reported on it is complete and correct.

STUDENT SIGNATURE: _____ **DATE**: _____