

be fined, sent torison, or both.

Federal Regulations stipulate that you are offered an opportunity to petition for a Dependency Override if you have únusual circumstances. μYour petition will be reviewed and you may be granted a Dependency Override. These are approved on a case -by-case basis so it is important that you document your únusual circumstances μ and provide documentation each year.

The U.S. Department of Education rec ognizes examples of  $XQXVXDOFLUFXPVWDQFHV\mu WREHE$  to, an abusive family environment or abandonment by parents.

A Dependency Override <u>cannot</u> be granted solely for any of the following reasons below.

- x You support yourself without assista nce from your parents DQGGRQRWOLYHLQ\RXUSDUH x Your parents do not claim you on their federal taxes
  - x Your parents cannot afford or refuse to help with college or living expenses

Student Name:	TXWESID #:	TXWESID #:	
Phone #:	_ Email:		
Required Documents		WARNING: If you purposely give	fals
Please submit the following documentation with this form:	or misleading information, you m	ay	

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A typed letter regarding your ´XQXVXDO FLUF XanRd Wholdlio0gFHV p

- The circumstances that you believe make you independent
- How you have provided for yourself, including support received from family and friends (identify a monetary amount for the 2022 calendar year)

Two (2) letters of support from non -relatives (e.g., clergy member, guidance counselor, teacher /professor, doctor, family counselor, mental health professional, law enforcement officer, proprietor , or e mployer), which can confirm the circumstances in your letter of explanation. The letters of support should also include how the person knows you and how long they have known you.

Any additional documentation that can support and verify your situation

Note: Your request will not be reviewed unless <u>ALL</u> documentation is submitted and requirements met. <u>Additional documentation may be requested after the initial review.</u>

## Certifications and Signatures

I certify that all the information contained on this form is complete and correct. I understand that I must complete all sections, sign, and return this form for my acknowledgment to be processed for consideration. I understand that it may take 5 <sup>2</sup>7 business days for this request to be processed. Print this form and sign with a pen. Electronic signatures are not accepted.

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OFFICE OF FINANCIAL AID USE ONLY						
Approved	Denied	Trans#	Notice Sent:			
Financial Aid Ad visor Signature			Date			