

## DEPENDENCY OVERRIDE STUDENT INFORMATION

The Department of Education determines a student's status as dependent or independent by the answers the student provides on the questions listed in Step Three of the Free Application for Federal Student Aid (FAFSA). Per federal regulation, the Office of Student Financial Assistance must utilize the questions from the FAFSA to determine a student's dependency status.

**Self-sufficiency of the student or parental unwillingness to financially contribute to a student's education is not a sufficient reason for determining a student's status as independent.** There are specific instances including: parental abuse, parental abandonment, and incarceration of a parent, in which a student may be considered for a dependency override.

Dependency override consideration requires documentation of the student's parental situation. Submitted documentation should include:

- Letter explaining your parental situation
- Documentation of the parental situation (arrest/incarceration records, death certificate(s), letter from third party i.e. Department of Children and Families, social worker, guidance counselor )

***You must include information on both parents (biological or adoptive).***

Your appeal and supporting documentation will be reviewed. Based on professional judgment of the Office of Student Financial Assistance, your petition will either be granted or denied. You will be notified in writing or via e-mail of the decision.

If your Petition for Dependency Override is approved and you have a completed FAFSA on file for the year under review, the Financial Aid Administrator will send any necessary FAFSA corrections to the U.S. Department of Education. If you have not completed the FAFSA, you must do so. The FAFSA may be completed electronically at [www.FAFSA.gov](http://www.FAFSA.gov).

**A Dependency Override is granted on a yearly basis. Therefore, a student who was granted a Dependency Override must reapply for a Dependency Override in subsequent academic years.**

**The student will need to complete the “Petition for Dependency Override” form each academic year to be evaluated for possible renewal of his/her status.**



# PETITION FOR DEPENDENCY OVERRIDE

Name: _____	Date: _____
Address: _____	UCF ID: _____
City: _____	State/Zip: _____
Email Address: _____	Phone #: _____

**Do not submit original supporting documents; copies are acceptable. Documents will be shredded after scanning.**

Parent 1 Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

When did you last live with your parents? .....

When did your parents last provide any monetary support for you?.....

Who do you live with at the present time?.....

When was the last time you had contact with your parents? ..... Parent 1 - Date \_\_\_\_\_ Parent 2 - Date \_\_\_\_\_

How often do you have contact with your parents?..... Parent 1 - Date \_\_\_\_\_ Parent 2 - Date \_\_\_\_\_

Did you file the 2020-2021 FAFSA?.....  Yes  No If yes, Date filed \_\_\_\_\_

Have you previously applied for Dependency Override at UCF?.....  Yes  No

If yes, was your application .....-approved or -denied. Date of Application \_\_\_\_\_

## Reason for Dependency Override Petition

- Incarcerated Parent(s)
- Abuse
- Parental Abandonment
- Custodial Parent Deceased, other Parent meets one or more categories
- Homeless or At Risk of Homelessness
- Other

**Please attach an explanation of the extenuating circumstances and history of your parental situation,** why you no longer live with your parents, and why they no longer support you. In addition, you are required to include information regarding the whereabouts of **both** of your biological /adoptive parents within the last five years. Each extenuating circumstance mentioned in your explanation must be supported by applicable documentation (such as police reports or arrest records).

I certify that the information provided on this form is true and correct. I also understand that by signing this form, I authorize the UCF Office of Student Financial Assistance to contact any third-party reference and verify any information supplied on this form.

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>For school use only</b>		
( ) Pending Date _____ Doc/s _____	( ) Approved Date _____ Reason _____	( ) Denied Date _____ Reason _____
<b>Committee Signatures:</b>	Date _____ Letter sent _____	Date _____
1. _____	2. _____	3. _____
<b>OSFA Administrator Comments</b>		



## UCF & Community Resource Guide for Dependency Overrides & Satisfactory Academic Progress

<p><b>Student Care Services</b></p> <p>Ferrell Commons, Rm 138 407-823-5607 caremanager@ucf.edu</p>	<p><b>Counseling and Psychological Services (CAPS)</b></p> <p>Counseling Center, Rm 101 407-823-2811</p>	<p><b>Knights Helping Knights Pantry</b></p> <p>Ferrell Commons 407-823-3663</p>
<p><b>Wellness and Health Promotion Services</b></p> <p>Recreation &amp; Wellness Center Rm 111 407-823-5841</p>	<p><b>Student Health Services</b></p> <p>Health Center, Rm 101 407-823-2701</p>	<p><b>Student Legal Services</b></p> <p>Student Union, Rm 304 407-823-2538</p>
<p><b>Coalition for the Homeless of Central Florida</b></p> <p>639 W. Central Blvd Orlando, FL 407-426-1250</p>	<p><b>Covenant House</b></p> <p>5931 E. Colonial Dr., Orlando, FL 407-482-0404</p>	<p><b>Homeless or At Risk of Homeless?</b></p> <p>Please contact Student Care Services for more extensive resources related to financial, transportation, and housing assistance.</p>