



Office of Student Financial Aid

410-651-6172

FAX: 410-651-7670

Request for Dependency Override

Academic Year: _____

When you apply for federal student aid, your answers to certain questions on the Free Application for Federal Student Aid (FAFSA) determine whether you are classified as dependent on your parents or independent. Most traditional age college students are dependent and must report parental income. For financial aid purposes, a parent is defined as your *biological, adoptive and/or stepparent*. Legal guardians and other relatives are *not* considered parents for financial aid purposes and you should not use their information when filling out the FAFSA. We realize that in *limited* cases there are unusual and extreme circumstances that make a student independent. If you think that you have unusual or extreme circumstances that warrant a dependency override, you must provide proof of your situation. Therefore, in order for the Office of Student Financial Aid to make this determination, you must supply information. The information listed under “**Documentation Required**” along with this completed form *must be submitted together* to the Office of Student Financial Aid. Information that is received under separate cover will not be considered. The Office of Student Financial Aid will review your application and documentation and will determine if your circumstances warrant a change in your dependency status. The decision of the OSFA is *final* and cannot be appealed to the U.S. Department of Education.

You will normally receive a response to your request within 10 – 14 business days. This time response may increase during peak periods such as registration.

Please type this form or write legibly in ink; applications written in pencil will not be considered.

Student Name: _____ ID#: _____

_____ Mailing Address _____ City _____ State & Zip Code _____

_____ Home Phone _____ Work or Alternate Phone _____

Certification:

My signature below certifies that the information I have attached to this form is accurate and correct to the best of my knowledge. My signature also gives the Office of Student Financial Aid permission to contact any of the persons referred to in my documentation. If I have purposely given false or misleading information, I understand that I will have to repay all financial aid I received. In addition, I may be referred to the Secretary of the U.S. Department of Education and may be subject to a fine of \$10,000 and/or imprisoned.

_____ Student Signature _____ Date _____

Please see reverse side for documentation information.



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Documentation Required

1. A letter from you describing your situation in detail, including information about living arrangements. Your letter **must** be typewritten and have your original signature and date.
2. Signed letter(s) (with telephone numbers) from at least two others who have specific information about your situation. Examples of individuals who can supply acceptable letters include high school guidance counselor(s), clergy members, family members and/or other individuals who know specific information about your situation. (Information from a current UMES student on your behalf will not be considered). ***Please note: All third party statements/documentation must be notarized.***
3. Other documentation that may support your claim of independence. Examples of other acceptable documentation include, but are not limited to, court documentation, police reports, letters or documents from other outside agencies such as the Department of Social Services, etc. Depending on your situation, this type of information may be required to support your case for a dependency override. The OSFA may also request additional information as it deems necessary. ***Please note: Documentation submitted from official agencies should be typewritten on that agencies official letterhead with appropriate contact information.***
4. If you have submitted a dependency override request for a previous academic year **AND your circumstances have not changed**, you must resubmit a request each academic year with a statement verifying that your circumstances remain the same. ***You will not receive an automatic dependency override for each academic year.***

Please note: **None** of the conditions listed below singly or in combination, qualify as unusual circumstances meriting a dependency override:

1. Parents refuse to contribute to the student's education
2. Parents unwilling to provide information on the FAFSA or for verification
3. Parents do not claim the student as a dependent for income tax purposes
4. Student demonstrates total self-sufficiency

Please return this form to:

University of Maryland Eastern Shore
Office of Student Financial Aid
Student Development Center, Suite 1100
Princess Anne, Maryland 21853