



# 2017- 2018 Appeal for Dependency Override Renewal

A Dependency Override is granted when a financial aid administrator exercises professional judgment and overrides the Department of Education’s criteria for dependent students. A Dependency Override is done on a case-by-case basis for a student with unusual circumstances, such as parental incarceration, abusive family environment that threatens the student’s health or safety, or parental abandonment.

## STUDENT INFORMATION

\_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Student Identification Number

## RENEWAL INSTRUCTIONS

In a prior academic year, the UCR Financial Aid Office approved a Dependency Override Appeal on your behalf which allowed you to be considered independent for financial aid purposes. If you still require a dependency override for the 2017-2018 award year, you must follow the steps listed below to apply:

- Go to [www.fafsa.gov](http://www.fafsa.gov) and complete the student information sections of the online FAFSA.
- Complete and submit the 2017- 2018 Appeal for Dependency Override Renewal Form to UCR Financial Aid Office.

## REASON FOR DEPENDENCY OVERRIDE APPEAL

Please select the reason(s) listed below that apply to your unique situation:

- Incarcerated parent(s)
- Abuse
- Parental Abandonment
- Custodial Parent Deceased
- Homeless or At Risk of Homelessness
- Other \_\_\_\_\_

## PERSONAL STATEMENT

Please provide a brief update of the current status of the extenuating circumstances under which you were originally granted independent status. The information you provide will be kept confidential.

**Personal Statement:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STUDENT SID \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**CERTIFICATION AND SIGNATURE**

By signing this application you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if asked, to provide further documentation that will verify the accuracy of your completed form. Also, you certify that you understand that the Department of Education has the authority to verify information reported on this form with other state and federal agencies. If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

*You may scan and submit your completed form by email to [finaid@ucr.edu](mailto:finaid@ucr.edu)  
or by fax to (951) 827-5619  
or drop off at the Highlander One Stop Shop  
or mail to UC Riverside Financial Aid Office, 900 University Avenue, Riverside, CA 92521*