

2017-2018 Appeal for Dependency Override

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

PARENTS INFORMATION

Parent 1 Last Name Parent 1 First Name

Parent 2 Last Name *(if applicable)* Parent 2 First Name *(if applicable)*

INFORMATION FOR DEPENDENCY OVERRIDE APPEAL

When did you last live with your parent(s)? _____

When did your parent(s) 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 Parent 1 (listed above)? _____

If known, please provide the contact information for Parent 1 (listed above):

Street Address: _____

State: _____ Zip Code: _____ Tel: () _____ - _____

When was the last time you had contact with Parent 2 (if listed above)? _____

If known, please provide the contact information for Parent 2 (if listed above):

Street Address: _____

State: _____ Zip Code: _____ Tel: () _____ - _____

Did you file the 2017-2018 FAFSA yet?

- Yes.** Please provide the date the 2017-18 FAFSA was filed: _____
- No.**

Have you **previously submitted** a Dependency Override Appeal form at UCR?

- Yes.** What award year was your most recent Dependency Override Appeal filed? _____
- No.**

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 _____

REQUIRED SUPPORTING DOCUMENTATION

You must attach a **personal statement** explaining the extenuating circumstances and history of your parental situation, why you no longer live with your parents, and why they no longer support you. You must include **two letters** from a third party (guidance counselor, clergy person, case manager, social worker, teacher, close relative or family friend) who can corroborate the parental situation. Each extenuating circumstance mentioned in your explanation should be supported by applicable documentation (such as police reports or arrest records).

I have attached all of the required forms listed below:

- Personal statement
- Third Party - Letter 1 written by: _____
- Third Party - Letter 2 written by: _____

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.

By signing this form, you authorize the UCR Financial Aid Office to contact any third-party reference and verify any information supplied on this form.

Student's Signature

Date

*You may scan and submit your completed form by email to 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*