



## 2023-2024 Unusual Circumstances (Dependency Override) Appeal

The US Department of Education does allow financial aid administrators to use professional judgment in cases where extenuating circumstances prevent a student from being able to provide parental information on the Free Application for Federal Student Aid (FAFSA), commonly referred to as a dependency override or appeal.

**The following are situations, in and of themselves, would not be considered a special circumstance for dependency status appeal:**

1. Your parents do not claim you as a dependent on their income taxes.
2. You do not live with your parents and/or you and your parents are having a disagreement.
3. Your parents refuse to provide their information on your FAFSA.
4. Your parents do not contribute to your college expenses and/or you are self-supporting.

**If all four above apply to you**, you do not qualify for dependency appeal/override consideration and must update your 2023-2024 FAFSA at [www.fafsa.gov](http://www.fafsa.gov) with parental information and the signature of at least one parent.

**In very limited cases, an otherwise dependent student may be able to submit the FAFSA without parental information due to special circumstances, including:**

- Your parents are incarcerated; or
- You have left home due to an abusive family environment; or
- You do not know where your parents are, are unable to contact them, and you have not been adopted.

**Instructions:** *Return the completed form with the required documentation to the Financial Aid Office* after completing the FAFSA. Decisions made at other institutions are not accepted. All documentation received by our office will be kept confidential. **All decisions made by the UW-Whitewater Financial Aid Office are FINAL and not appealable.**

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
Last First MI

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City State ZIP Code

### Dependency Override Appeal Process:

- 1. Personal Statement:** On a separate sheet of paper, tell us in your own words why you are requesting a dependency override by outlining the mitigating circumstances and why you should be considered independent, including your current living situation and how you are supporting yourself.

*Be sure to describe the following: (1) The nature of your relationship with your parents; (2) the location of both parents and when you last had contact with them; and (3) why you cannot obtain information and/or support from your parents. Sign and date your statement. You will need to submit a personal statement with an update of your situation **every year.***



- 2. Third-Party Statements:** Provide at least **two** letters from third-party adult individuals who personally have knowledge of your situation and who can verify your circumstances. At least one letter (on letterhead) should be from an individual who has been involved in the circumstances in a professional capacity (high school guidance counselor, clergy, social worker/caseworker, counselor/therapist, doctor, attorney, teacher/professor, university administrator, supervisor/employer).

**All letters must include details such as:**

- The length of time and nature of the writer’s relationship to you and his/her knowledge of your situation
- The reason why you cannot provide your parents’ information on the FAFSA/why you should be independent
- The writer’s name, address, telephone number, and signature

- 3. Copy of 2021 signed Federal Tax Return and 2021 W-2 Forms.** If you did not file and are not required to file, list below your employer(s) and any income received in 2021 (attach your W-2 or 1099 forms).

**List each 2021 employer/source of income:**

**2021 Amount received:**

---



---



---



---

- 4. Expenses:** Place an X in the appropriate boxes.

- Did anyone claim you as an exemption on their 2021 federal tax return?

Yes       No       Don’t Know

If yes: Person’s Name: \_\_\_\_\_

Relationship to the Student: \_\_\_\_\_

- Did anyone provide your health insurance within the last year?

Yes       No       Don’t Know

If yes: Person’s Name: \_\_\_\_\_

Relationship to the Student: \_\_\_\_\_

- Did anyone provide your auto insurance within the last year?

Yes       No       Don’t Know

If yes: Person’s Name: \_\_\_\_\_

Relationship to the Student: \_\_\_\_\_



Upon receipt of your documentation, it may be necessary to request additional information to clarify or supplement information already submitted. You will be notified if additional documentation is needed.

**Signature/Certification**

By signing this worksheet, I certify that all the information reported on it is complete and correct. If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

**Note: We may request additional documentation if we have reason to believe any of the information on this form is inaccurate.**

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**Submit form to:**

UW-Whitewater Financial Aid Office  
Hyer Hall 130  
800 West Main Street,  
Whitewater, WI 53190      or fax to (262) 472-5655

For Office Use Only

This form is being provided due to: \_\_\_\_\_

Approved

Denied

Authorized By: \_\_\_\_\_

Date: \_\_\_\_\_

Processed By: \_\_\_\_\_

Date: \_\_\_\_\_