

# Office of Financial Aid

## Dependency Override Request 2020-2021



### STUDENT INFORMATION

Student Name:	Student ID:
Student Address:	Student Date of Birth:
City, State, Zip:	Student Email:
Student Phone:	Student Alternate Phone:

### DEPARTMENT OF EDUCATION'S DEFINITION OF AN INDEPENDENT STUDENT

- Born before January 1, 1995.
- Married as of the date of the FAFSA application.
- Working on Master's or Doctorate Degree.
- Active duty in Armed Forces (for other than training purposes).
- Veteran of Armed Forces (Must provide DD214).
- Have children receiving more than half of their support from you between July 1, 2020 and June 30, 2021.
- Dependents-other than your children- living with you and who will receive more than half their support from you between July 1, 2020 and June 30, 2021.

**WARNING:** According to the Department of Education, the following is not considered when evaluating dependency overrides:

- Not being claimed on your parent's tax returns.
- Not living with your parents.
- Financial independence.
- Conservatorship.
- Parent(s) refusal to give information.

### DOCUMENTS REQUIRED FOR DEPENDENCY OVERRIDE DUE TO NO PARENT CONTACT

- Court appointed Guardianship documentation **OR** two statements on letterhead with address and phone numbers from professionals (teacher, counselor, clergy, social worker etc...) that can verify non-parental contact with the student.

### DOCUMENTS REQUIRED FOR DEPENDENCY OVERRIDE DUE TO PREGNANCY

- Documentation from physician confirming pregnancy and approximate due date, if a child will be born between July 1, 2020 and June 30, 2021.

### DOCUMENTS REQUIRED FOR DEPENDENCY OVERRIDE DUE TO DEATH OF PARENT(S)

- A copy of death certificate(s) or a copy of an obituary which lists students as child of the deceased if death certificate(s) cannot be located.  
\*If only one parent is deceased student must provide statement.

### EXPLANATION OF CHANGES

Provide a detailed statement of the mitigating circumstances that make you independent of your parents. If needed, attach an additional sheet.

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### SIGNATURE

**WARNING:** I understand in applying for a dependency override:

- Additional documentation may be requested.
- Requests may take 2-3 weeks to process.
- Incomplete requests will not be processed.

By signing this form, I agree to provide information that will verify the accuracy of my situation. I understand if I purposely give false or misleading information, I will be referred to the Department of Education Inspector General. I understand if I purposely give false or misleading information in order to qualify for Title IV funds, I may be fined \$20,000, sent to prison or both.

<b>Student Printed Name:</b>	<b>Student Signature:</b>	<b>Date:</b>
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### FINANCIAL AID OFFICE USE ONLY

SAP: Good / AP / Warn / Susp.	EFC	COA: 4.5 / 9 / 12	
Independent / Dependent:	Docs Complete: Y / N	FAO:	Date:

Grayson College Financial Aid Office • 6101 Grayson Drive, Hwy 691 Denison, TX 75020-8299  
Email to: [financialaid@grayson.edu](mailto:financialaid@grayson.edu) • Fax to: 903.463.3908

Students are REQUIRED to use their GC canvas account or their GC email account for all electronic communication. GC faculty and staff will not reply to student communication that is sent through an email account other than their GC issued email account or canvas account in order to ensure the identity of the student when communicating electronically.