

**Mansfield University**  
**2009-2010 Dependency Override Request**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Current year total income: \$	Prior year total income: \$
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(Include all sources of income: wages, untaxed income, cash paid on your behalf, etc)

Who do you currently live with? \_\_\_\_\_

What is the total of your monthly rent and utilities? \$ \_\_\_\_\_

Number of years/months at current residence: \_\_years \_\_\_\_ months

How do you support yourself and meet your monthly expenses? If your income is insufficient, explain how you support yourself (roommates, someone else is supporting you, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Father's Name and Address:	Mother's Name and Address:

When did you last live with your parents? \_\_\_\_\_

When did your parents last provide any monetary support for you? \_\_\_\_\_

When was the last time you had contact with your parents? \_\_\_\_\_

How often do you have contact with your parents? \_\_\_\_\_

**COMPLETE BOTH SIDES OF THE FORM AND SUBMIT TO THE FINANCIAL AID OFFICE WITH THE THIRD-PARTY DOCUMENTATION LETTER ATTACHED. THE DEPENDENCY OVERRIDE REQUEST WILL NOT BE ACCEPTED WITHOUT THE THIRD-PARTY DOCUMENTATION LETTER ATTACHED.**

Explain the circumstances and history behind your home situation, why you no longer live with your parents, and why they no longer support you: (Use a separate sheet if necessary.)

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**STUDENT CERTIFICATION:**

I certify that the information provided on this form is true and correct. I also understand that it will be used to override federal regulations regarding my dependency status.

I fully understand that to falsify any information on this form in order to receive Federal Title IV funds is a federal offense and can be punishable by a \$20,000 fine, imprisonment, or both.

I understand that if my situation changes in any way, if I move back with my parents or receive any kind of support from them, that I must report this information to the Financial Aid Office.

I understand that by signing this form, I authorize the Financial Aid Office to contact my third-party reference and verify any information supplied on this form.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**FINANCIAL AID OFFICE USE ONLY:**

Dependency Override: Approved:  Denied:

FAA Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments: \_\_\_\_\_

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**Instructions for Third Party Documentation**

*In extraordinary and documented cases, the Financial Aid Office has the authority to use professional judgment to override a student's dependency status in order to make a student independent for purposes of applying for financial aid. A student must be unable to obtain his/her parents' information because of extenuating circumstances.*

***Parents' unwillingness to provide the information or inability to help support the student is not acceptable reasons for an appeal. Students must submit a Dependency Override Request and a third party reference letter to the Financial Aid Office for consideration of a dependency override.***

*The information stated in the Dependency Override Request must be verified by a third party who is aware of your home situation and can verify the information you have provided. Examples of such a person include but are not limited to: employer, clergy, social worker, attorney, court official, teacher, counselor, psychiatrist, psychologist, medical professional, law enforcement agent, etc.*

***Instructions for third party reference:***

Third party documentation must be on a SEPARATE sheet of letterhead paper. Please include any information of which you have firsthand knowledge and that you feel best describes the student's situation. The following is a list of information that MUST be included in your letter:

1. How long have you known the student?
2. Your relationship to the student.
3. When was the last time the student lived with his/her parent(s)?
4. When was the last time the student received financial support from his/her parent(s)?
5. Any knowledge of his/her relationship with parent(s).
6. The steps the student has taken to establish independence from parent(s).

Please be sure to include your professional title, name and type of business, business address, telephone number, and where to contact you should any additional information be required.