

1537 University Blvd. Morrilton, AR 72110

(501) 977-2055 1-800-264-1094 Fax: (501) 977-2123

www.uaccm.edu

#### DEPENDENCY OVERRIDE REQUEST

Federal law assumes that the family has the primary responsibility for meeting the educational costs of students. Therefore, a student must meet certain federal criteria to qualify for financial aid as an independent student. If you do not meet one of the criteria listed on the FAFSA, you will be evaluated as a dependent student, meaning that your parents must provide income and asset information. If there are extraordinary circumstances that may warrant a re-evaluation of your dependency status, provide the following information so that the Financial Aid Office may make this determination.

A financial aid administrator may override a student's dependency status because of "other unusual circumstances" that exist in the family, which cause parents to be unable to assist the dependent student with his/her educational expenses. "Unusual circumstances" may include, but are not limited to:

#### To be considered independent of your parents for financial aid purposes, you must prove that one of the following is true:

- Student has been a victim of domestic violence and no longer resides with parents;
- Student has been part of an abusive family environment (e.g., sexual, physical, or mental abuse);
- Abandonment by parents (i.e., no contact for one year and no support for at least one year);
- Incarceration or institutionalization of both parents; or
- Death of both parents (or death of only parent in a single family household)

The following circumstances **DO NOT** merit a dependency override:

- Student demonstrates total self-sufficiency;
- Parents refuse to contribute to the student's education;
- Parents are unwilling to provide information on the FAFSA or for verification;
- Parents do not claim the student as a dependent for income tax purposes

The law also requires that the determination of a dependency override be made each award year. The determination of independence for one year does not mean that the student would automatically be an independent student in a subsequent award year. The financial aid administrator must re-affirm in subsequent years that the conditions for determining the student to be independent continue to exist.

Please note that the determination by a financial aid administrator at another institution that a student should be considered independent is not binding on UACCM.

If you believe you have an unusual circumstance that would qualify you as independent from your parents, you are REQUIRED to complete the following:

- Personal Letter (attached) A letter stating your extenuating circumstances, what has caused you to become independent
  from your parents, when you became independent and how you have provided for your own necessities (shelter, food,
  clothing, transportation, medical care, etc.).
- **Professional Letter** A letter on letterhead from a guidance counselor, teacher, coach, physician, social worker, clergy, or other individuals who have been involved in the circumstances in a professional capacity. All letters need to include a telephone number and address where the individual can be reached for follow-up questions.
- Reference Letters (attached) Two reference letters from third parties (friend, aunt, uncle, siblings, grandparents, etc.) who personally have knowledge of your situation and who can verify your circumstances.
- Signed copies of your 2024 and 2025 federal tax returns. If a tax return was not filed, submit a statement of non-filing from the IRS.

All of the required information must be received before an evaluation can be determined.

>>>>>>>> Continues On Next Page



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(Student)

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| PERSONAL LET               | ΓER                            |                           |                       |                                 |
|----------------------------|--------------------------------|---------------------------|-----------------------|---------------------------------|
|                            |                                |                           |                       |                                 |
| Name:                      |                                |                           | Date of Bi            | rth:                            |
| (Last Name)                | (First Name                    | e)                        |                       |                                 |
| Mailing Address:           |                                |                           |                       |                                 |
| (Street a                  | ddress, P.O. Box, Rural Route, | Etc.)                     |                       |                                 |
|                            |                                |                           |                       |                                 |
| (City)                     | (State)                        |                           | (Zip)                 | (County)                        |
| I have lived at this addre | ess since:                     |                           |                       |                                 |
|                            | (month)                        | (day)                     | (year)                |                                 |
|                            |                                |                           |                       |                                 |
| Describe your current re   | elationship (even if it is no  | n-existent) with your na  | rent(s)·              |                                 |
| Describe your current is   | ciationship (even ii it is no  | ii-existent) with your pa | icit(s).              |                                 |
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| Provide the date and pla   | ice your last contact with y   | your parent(s):           |                       |                                 |
|                            |                                |                           |                       |                                 |
| Provide information on     | how you have been suppor       | rted (who you have beer   | living with and for h | now long, the kind of amount of |
| support that has been pr   | rovided to you, and any kir    | nd of income you have e   | arned or will earn)   |                                 |
|                            |                                |                           |                       |                                 |
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| CERTIFICATION STAT         | FEMENT:                        |                           |                       |                                 |
|                            |                                | and complete to the be    | st of my knowledge    | I understand that if all of the |
| information requested i    | s not supplied, my request     | t will be denied          | or or my knowledge.   | i understand that if all of the |
| ormadon requested i        | supplied, my request           | be defined.               |                       |                                 |
|                            |                                |                           |                       |                                 |
| Signature:                 |                                |                           | Date:                 |                                 |



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Signature:

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| REFERENCE LETTER  | #1   |  |  |  |  |
|---|--|--|--|--|--|
| Applicant Name:   |  | Length of Time Knowi   | ng Applicant:  |  |  |
| (Last Name)   | (First Name)   |  | 0 II   |  |  |
| To your knowledge, does the a   | pplicant receive any financial sup   | pport from parents? Yes  | No   |  |  |
| Please provide a detailed state<br>a request to change his/her de<br>relationship with his/her parer<br>that will distinguish the applica-<br>needed. | ment that explains your knowled<br>pendency status for financial aid<br>its, why they are unable to contri<br>ant's situation as out of the ordina | ge of the applicant's unusual cir<br>purposes. Include information i<br>bute to the applicant's educatio<br>ary. You may use the back of thi | cumstances that has prompted regarding the applicant's on, and any additional informations form if additional space is |  |  |
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| I certify that the information refor further information or clar  | eported is true and complete to the ification.   | he best of my knowledge. I unc   | derstand that I may be contacted   |  |  |
| Reference Name:   |  | Relationsh   | Relationship:  |  |  |
| (Full Name)   |  |  |  |  |  |
| Mailing Address: (Street address,   | P.O. Box, Rural Route, Etc.)   |  |  |  |  |
| (City)  | (State)  | (Zip)  | (County)   |  |  |
| Best Time To Contact:   |  | ·<br>  |  |  |  |
| Work No.:   | Home No.:  |  |  |  |  |
|   |  |  |  |  |  |

Date:



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Signature:

(Reference)

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| REFERENCE LETTER   | #2   |  |  |
|--|--|--|--|
| Applicant Name:  |  | Length of Time Knowir  | ng Applicant:  |
| (Last Name)  | (First Name)   | zengur or mile ranown  | is replication   |
| To your knowledge, does the a  | pplicant receive any financial supp  | oort from parents? Yes   | No   |
| Please provide a detailed state<br>a request to change his/her de<br>relationship with his/her parer<br>that will distinguish the applicanceded. | ment that explains your knowledg<br>pendency status for financial aid p<br>its, why they are unable to contrib<br>ant's situation as out of the ordina | e of the applicant's unusual circ<br>ourposes. Include information ro<br>oute to the applicant's education<br>ry. You may use the back of this | cumstances that has prompted<br>egarding the applicant's<br>n, and any additional informatior<br>form if additional space is |
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| I certify that the information r for further information or clar   | eported is true and complete to th   | e best of my knowledge. I und  | erstand that I may be contacted  |
| Reference Name:  (Full Name)   |  |  |  |
| Mailing Address:   |  |  |  |
|  | P.O. Box, Rural Route, Etc.)   |  |  |
| (City)   | (State)  | (Zip)  | (County)   |
| Best Time To Contact:  |  |  |  |
| Work No.:  | Home No.:  |  |  |

Date: