2016-17 Dependency Override Request

STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Student Name</th>
<th>AU Student ID</th>
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</table>

Complete this form in pen and submit with ALL applicable documentation.

Dependency overrides are intended for students who can prove and fully document exceptional circumstances. This includes, but is not limited to, students who have no contact with their biological parents. **We cannot approve requests based solely because the parents are unwilling to pay for school, the parents do not claim the student as a tax exemption, or the student has chosen to live on their own.**

The purpose of this request is to assess an ability to administratively change your FAFSA data due to your unique circumstances and the documents submitted.

- Thorough documentation is required to explain and verify your situation. Incomplete documentation will cause delays. Additional documents may be requested after initial review.

- After verifying all submitted documents, multiple corrections may be administratively made to your FAFSA before a new award letter can be generated. The Department of Education will notify you by email of any corrections made.

- This request is in effect for the 2016-2017 academic year only. Policies and procedures are subject to change as influenced by regulatory changes. A Dependency Override Request must be completed each year, even if your situation has not changed from the previous year.

A Dependency Override committee review begins after the Office of Financial Aid receives all required documents. The committee meets on a weekly basis. Once your request has been fully evaluated and any permissible FAFSA changes have been made, your financial aid eligibility is re-assessed. You will be notified of the Dependency Override denial or approval determination in writing. A new award letter will be issued if the request is approved.

SECTION A: REQUIRED ITEMS

Print the student name and student ID number on all submitted documentation to assure proper identification.

1. Completed Dependency Override Request form
2. Third Party Professional Documentation form
3. Any additional documentation to support your request (consider submitting official documents from any relevant agency)

SECTION B: PARENT INFORMATION

<table>
<thead>
<tr>
<th>Mother</th>
<th>Father</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td></td>
</tr>
</tbody>
</table>

☐ NO Information Available

Aurora University · Office of Financial Aid · 347 S. Gladstone Ave · Aurora, IL 60506
630-844-6190 · fax: 630-844-6191 · finaid@aurora.edu · aurora.edu
When was the last time you lived with your parent(s)? 
Month/Year

When was the last time you had any contact with your parent(s)? 
Month/Year

When did your parent(s) last provide any form of financial support? 
Month/Year

Please attach additional sheets if space is needed for any of the questions below.

As clearly as possible, explain your present living arrangements.
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

How do you financially support yourself and your living expenses?
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

Please explain and provide documentation for your exceptional circumstance(s).
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
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SECTION D: CERTIFICATION

I certify that the information I have provided regarding my request is true, complete, and accurate to the best of my knowledge. I understand this information can be used to override federal regulations and submit corrections to my FAFSA. By signing this application I agree, if asked, to provide information that will verify the accuracy of my request. I understand that if I purposely give false or misleading information in connection with my application for federal student aid, I may be subject to a federal fine of up to $20,000, sent to prison, or both.

I understand that, if I move back with my parent(s) or receive any kind of parental support, I must report this to the Office of Financial Aid immediately.

Student Signature ___________________________ Date ___________________________
## Third Party Professional Documentation

For Dependency Override Request

This form is to be completed by a professional who is a non-family member and is familiar with the student's family situation (i.e. guidance counselor, teacher, social worker, clergy member, physician, lawyer, therapist, government agency employee). With the exception of the Counseling Services staff, no other AU staff members may complete this form.

### THIS SECTION TO BE COMPLETED BY STUDENT:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>AU Student ID</th>
</tr>
</thead>
</table>

I authorize you to provide the following information to Aurora University

Student Signature

### THIS SECTION TO BE COMPLETED BY PROFESSIONAL:

How long have you known the student?

What is your professional relationship with the student?

Please provide a brief statement regarding your knowledge of the student's family history/relationship with the parent(s). If you need additional space, please attach a separate sheet.

_____________________________________________________________________________________________________

_____________________________________________________________________________________________________

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*Please print the following:*

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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</table>

<table>
<thead>
<tr>
<th>Business Address</th>
<th>Phone</th>
</tr>
</thead>
</table>

Signature __________________________ Date __________________________

### PLEASE RETURN TO:

Aurora University · Office of Financial Aid · 347 S. Gladstone Ave · Aurora, IL 60506

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