



## 2024 - 25 Dependency Override Appeal

Federal financial aid regulations assume that a student's family has primary responsibility for meeting educational costs. If you are considered a dependent student according to the federal financial aid definition, your aid eligibility is determined using parent income and asset information in addition to your information.

### What makes a student Dependent or Independent?

Your student dependency status is determined by the U.S. Department of Education, based on your responses to specific questions on the FAFSA. For financial aid purposes, federal regulations have defined an independent student as one who meets **AT LEAST ONE** of the following conditions:

- Born before January 1, 2001
- Married as of the date FAFSA signed
- Have children who receive **more than half their support** from the student, OR have legal dependents, other than a spouse or children, who live with student and receive **more than half their support** from the student
- Attending graduate level program of study during the 2024-25 academic year
- Veteran of U.S. Armed Forces (or will be a veteran as of June 30, 2024), or have attended a service academy! and were released under a condition other than dishonorable
- Currently serving on active duty in U.S. Armed Forces (other than for training)
- Emancipated Minor or in Legal Guardianship as determined by the court in her/his state of legal residence
- Both parents are deceased, ward of the court, foster care (after age 13)
- A self-supporting unaccompanied youth who is homeless or at risk of homelessness (as certified by! governmental or school agency)

A student who does not meet **ANY** of the above classifications is classified as a Dependent student.

### What is a Dependency Override?

A dependency override occurs when a financial aid administrator exercises professional judgment and overrides the Department of Education's criteria for dependent students. An override may only be granted on a case-by-case basis for students with unusual & exceptional circumstances. These circumstances must show compelling reason for a student to be considered independent rather than dependent.

### What conditions **COULD** warrant a Dependency Override?

The following are some examples of conditions that could warrant a Dependency Override:

- Documented abandonment
- Parental drug use
- Parental mental incapacity
- Physical or emotional abuse
- Severe estrangement from parents
- Parental incarceration

### What conditions **DO NOT** warrant a Dependency Override?

By federal law, the following conditions **DO NOT** warrant a Dependency Override:

- Parents refuse to provide information on the FAFSA application or for verification
- Parents do not claim student as dependent for income tax purposes
- Parents unwilling or unable to contribute to student's education
- Student demonstrates self-sufficiency
- Student reluctant to request the income information from parents
- Student does not wish to communicate with parents

# DEPENDENCY OVERRIDE INSTRUCTIONS

## PLEASE NOTE THE FOLLOWING:

You should complete this form if you are considered a dependent student for federal financial aid and believe you have compelling extenuating circumstances which should allow you to be considered an independent student. Return the completed form with the required documentation to the Office of Financial Aid and Scholarships. **We understand the sensitive nature of these circumstances; all documentation received by the Office of Financial Aid and Scholarships will be kept confidential.**

## Please note the following:

- Complete the 2024-25 FAFSA online at [www.fafsa.gov](http://www.fafsa.gov) **prior** to completing and submitting the Dependency Override Appeal.
- Financial Aid Policy at the East Tennessee State University requires that a student seeking a Dependency Override must complete the Dependency Override Appeal. **Decisions made at other institutions are not accepted.**
- When submitting your appeal, **you will be required to meet with your Financial Aid Counselor. Please schedule an appointment online through [FASTPASS](#).**
- The determination of whether or not to approve a dependency override is made by Student Financial Aid—not the U.S. Department of Education. **All decisions made by Office of Financial Aid & Scholarships on dependency overrides are FINAL—there is no appeal.**

## The Dependency Override Process

1. **FAFSA:** Complete the FAFSA prior to submitting the Dependency Override Appeal
2. **Dependency Override Appeal Form:** complete all sections of the appeal form
3. **Notarized 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) must be from a guidance counselor, physician, social worker, clergy person, or another individual who has been involved in the circumstances in a professional capacity.** All letters must include details as to how the person knows you, how long they have known you, and how they have been involved and/or have first-hand knowledge of your situation. The individuals submitting letters cannot be related to one another, nor can they reside at the same address. A telephone number and address where the individual can be reached for follow-up questions must be included.
4. **Supporting Documentation:** In addition to your appeal form and notarized third-party statements, you must provide the following:
  - A copy of your current lease or rental agreement. If you do not have either, attach a signed notarized statement from your current landlord verifying your tenancy.
  - Tax Return Transcript from the IRS for tax years 2022 and 2023. [How to obtain Tax Return Transcript from IRS.](#)
  - W2's for tax years 2022 and 2023.
  - Details of monthly expenses (utility bills, car payments, etc.)
  - Other supporting documentation (court documentation, police reports, arrest reports, etc.)
  - [Independent Verification Worksheet](#)
  - Copy of birth certificate; if adopted, copy of birth certificate issued after adoption proceedings.
5. **Meet with a Financial Aid Counselor:** Once you have completed the appeal form and gathered your statements and supporting documentation, make an appointment through [FASTPASS](#) to meet with your Financial Aid Counselor to submit and review your appeal in person. If you do not meet with a Financial Aid Counselor and only submit the dependency override packet, your appeal will be denied.

**Submit the completed form in person during meeting with Financial Aid Counselor:  
Office of Financial Aid and Scholarships, Burgin-Dossett – Room 105, Johnson City, TN 37614**

**DO NOT EMAIL documents with Personally Identifiable Information (PII) (i.e. SSN, Full Name, Phone #, Address...).**

## 2024 - 25 Dependency Override Appeal

E#: \_\_\_\_\_  
 Phone \_\_\_\_\_

Student's Name: \_\_\_\_\_  
 Email \_\_\_\_\_

Financial Aid policy at the East Tennessee State University requires a student seeking a dependency override to complete and submit the Dependency Override Appeal Form, with all required documentation. Decisions made at other institutions are not accepted. Refer to the instructions page for complete details.

### STEP ONE: Personal Statement

Please attach a signed and dated personal statement, detailing the unusual & extenuating circumstances that you believe warrant a review of your dependency status. An emailed statement will not be accepted. Be sure to include the following:

1. The nature of your relationship with **both** your mother and father
2. The location of both parents **AND** when you last had contact with them
3. Why you cannot obtain information and/or support from your parents

### STEP TWO: Third Party/Professional Statement

Provide at least two notarized letters from third party, adult individuals who personally have knowledge of you and your situation and who can verify your circumstances. Please note the following:

1. At least one letter (on letterhead) must be from a guidance counselor, physician, social worker, licensed therapist, clergy person, or other individual who has been involved in the circumstances in a professional capacity.
2. All letters must include details as to how the person knows you, how long they have known you, and how they have been involved and/or have first-hand personal knowledge of your situation.
3. The individuals submitting letters cannot be related to one another, nor can they reside at the same address. All letters must be notarized, signed, and include a telephone and address where the individual can be reached for follow-up questions.

### STEP THREE: Residence Information: For each item listed below, circle the appropriate response.

Residence Information	Circle the appropriate response below
Where did you live during 2023-2024?	On Campus/Off Campus/With Parents
Where did/will you live during 2024-2025?	On Campus/Off Campus/With Parents

### STEP FOUR: EXPENSES (Pt. 1): For each item listed below, circle the appropriate response.

EXPENSES	Circle the appropriate response below
Did your parent(s) claim you as an exemption on their 2022 federal tax return?	Yes    No
Will/did your parent(s) claim you as a dependent on their 2022 federal tax return?	Yes    No
Did your parent(s) provide your health insurance in 2023-2024?	Yes    No
Will your parent(s) provide your health insurance for 2024-2025?	Yes    No
Did your parent(s) provide your auto insurance in 2023-2024?	Yes    No
Will your parent(s) provide your auto insurance in 2024-2025?	Yes    No

E# \_\_\_\_\_

Student's Name: \_\_\_\_\_

**STEP FIVE: EXPENSES (Pt. 2): Indicate who pays for each expense listed in the chart below.**

Expense	Resource (who pays for the expense)
Rent	
Utilities	
Telephone	
Food	
Transportation (car payment and insurance)	
Medical (health insurance)	

**STEP SIX: Prior year financial aid support**

Did you receive financial aid during the 2023-2024 year (Fall 2023, Spring 2024, or Summer 2024)? Yes No

If you answered 'YES', list the institution(s) you attended during the 2023-2024 academic year:

**STEP SEVEN: Student Certification**

I certify that the information provided on this form and all attached documents is true, complete, and accurate. I understand that purposefully providing false information could result in a reduction and/or repayment of aid, and/or denial of future appeals in this and future years.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit the completed form in person during meeting with Financial Aid Counselor:  
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