If you need assistance with completing this form, please contact our office at 855-278-5080 or students.asu.edu/contact/financialaid.

### STUDENT INFORMATION

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle I.</th>
<th>10-Digit ASU ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Street Address</td>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
</tr>
</tbody>
</table>

### PURPOSE

This form will be used to request a review of your dependency status. Dependency appeals are only approved for documented extenuating circumstances (i.e., abuse, abandonment, etc.).

### PROCESSING REQUIREMENTS

The Higher Education Act allows an aid administrator to make dependency overrides on a case-by-case basis for students with unusual circumstances. However, none of the conditions listed below, singly or in combination, qualify as unusual circumstances or merit a dependency override:

1. Parents refuse to contribute to the student’s education;
2. Parents are unwilling to provide information on the application or for verification;
3. Parents do not claim the student as a dependent for income tax purposes;
4. Student demonstrates total self-sufficiency.

Unusual circumstances **do** include an abusive family environment or abandonment by parents and may cause any of the above conditions. In such cases a dependency override might be warranted.

If there are no unusual circumstances that would qualify you for a Dependency Review, you must correct your FAFSA and include your parent’s information on it.

### INSTRUCTIONS

1. This form will not be processed if any items are left blank or illegible. Please type or print clearly using blue or black ink only.
2. **You must complete the 2020-2021 FAFSA online at fafsa.gov without parent information before submitting this form.** You will receive an email from the U.S. Department of Education explaining that your FAFSA was rejected due to not submitting your parent information. Your FAFSA will remain rejected until a dependency override has been processed and approved.
3. Select your special circumstance below and attach supporting documentation or third-party letters.
4. Submit a signed personal statement that explains your unusual circumstances.
5. If clarification of your situation is necessary, additional information or documentation may be required.
6. Submit this form and supporting documentation by mail to P.O. Box 870412, Tempe, AZ 85287-0412, in person to any Financial Aid and Scholarship Services locations.

### SECTION A: STUDENT INFORMATION—PLEASE SELECT YOUR UNUSUAL CIRCUMSTANCE(S), AND ATTACH THE NECESSARY DOCUMENTS FOR REVIEW.

- **One or both of my parents are incarcerated.**
  - Please submit the following documents:
    - Incarceration documentation for each parent.
    - Your signed personal statement regarding your past and present relationship with both of your parents, including your parent(s) projected release date(s).
    - If only one parent is incarcerated, you must also document an unusual circumstance with your other parent that prevents you from obtaining parental information.
    - Complete the Financial Support information section.

- **One or both of my parents are institutionalized (i.e., mentally incapacitated or in terminal care).**
  - Please submit the following documents:
    - Hospitalization documentation for each parent; or a signed letter on company letterhead from a health professional caring for each parent; or a notarized letter from the individual that has power of attorney over your parent(s).
    - Your signed personal statement regarding your past and present relationship with both of your parents.
    - If only one parent is institutionalized, you must also document an unusual circumstance with your other parent that prevents you from obtaining parental information.
    - Complete the Financial Support information section.
I left home due to an abusive family environment (i.e., physical, mental, sexual or drug/alcohol).
Please submit the following documents:
• **Two** signed letters on official letterhead from doctors, social workers, mental health professionals, clergy, police, lawyers, etc. that can attest to your situation
• Letters from roommates, friends, family, or employers will not be accepted unless those individuals are mentioned in a police report, child protective services report, court documents, or any official paperwork that will be submitted. If available, attach a police report, child protective services report, court documents or any official paperwork.
• Your signed personal statement regarding your past and present relationship with both of your parents.
• Complete the Financial Support information section.

I do not know where my parents are AND I am unable to contact them AND I have not been adopted.
Please submit the following documents:
• **Two** signed letters on official letterhead from high school counselors, social workers, mental health professionals, clergy, police, lawyers, attorney, etc. that can attest to your situation.
• Your signed personal statement regarding your past and present relationship with both of your parents, including the date and type of last contact, methods used to locate parents since your last contact, and list any financial support given since last contact with your parent(s).
• The fact that your parent(s) live in another country, by itself, does not qualify as an unusual circumstance, per federal regulations.
• If only one parent’s whereabouts are unknown, you must also document an unusual circumstance with your other parent that prevents you from obtaining parental information.
• Complete the Financial Support information section.

One or both of my parents are deceased.
Please submit the following documents:
• Death certificates or obituaries for each parent.
• When both parents are deceased, you do not need to upload a signed personal letter.
• If only one parent is deceased, you must also document an unusual circumstance with your other parent that prevents you from obtaining parental information.
• Complete the Financial Support information section.

I was approved for a dependency override by ASU for the prior academic year and there have been no changes in my status.
Please submit the following document:
• Complete the Financial Support information section.

SECTION B: FINANCIAL SUPPORT INFORMATION (REQUIRED)
Please answer all questions below regarding financial support as of the time you are submitting this form.

For the estimated monthly income section, list each source of financial support you receive, along with the names and relationships of the person(s) who provided this income/resource. Examples include, but are not limited to:

- Income earned from work.
- Cash support; includes money and gifts and housing food, clothing, car payments or expenses, medical and dental care, college costs, and money paid to someone else or paid for on your behalf.
- Government assistance programs (i.e. TANF, SNAP, WIC etc.).
- Personal savings.
- Accident or insurance settlements.

<table>
<thead>
<tr>
<th>Where do you live? Check one of the boxes below.</th>
<th>Estimated Monthly Income:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• With parent</td>
<td>*If you have multiple sources of income/resources, please attach an additional sheet outlining the categories below. *</td>
</tr>
<tr>
<td>• On campus</td>
<td></td>
</tr>
<tr>
<td>• Off campus, and I have a lease agreement</td>
<td></td>
</tr>
<tr>
<td>• Off campus, and I do not have a lease agreement</td>
<td></td>
</tr>
</tbody>
</table>

Do your parents provide you with health insurance?
Check one of the boxes below.

| • Yes.                                      | Type of Income/Resource: |
| • No, I have my own health insurance.       | Amount: |
| • No, I do not have health insurance.       | Provider Name: |

Student’s Relationship to Provider: |
SECTION C: STUDENT CERTIFICATION AND SIGNATURE

Certification: I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

<table>
<thead>
<tr>
<th>Student's Signature</th>
<th>Date form was signed</th>
</tr>
</thead>
</table>