Often unmarried students who are under the age of 24 are required to provide parental data on the Free Application for Federal Student Aid (FAFSA). They are referred to as dependent students. However, dependent students with unusual circumstances may appeal to the Office of Financial Aid for a dependency override. A dependency override would allow the student to be considered an independent student (for financial aid purposes only) and exempt the student from providing parental data on his/her FAFSA.

Dependancy Override Policy

Annually, and on a case-by-case basis, the Office of Financial Aid may permit a dependency override for otherwise dependent students with unusual circumstances.

Conditions which qualify for a dependency override include students, under the age of 24, who cannot rely on parental support from either parent because each parent meets one of the following criteria:

- Parent is deceased.
- Parent is incarcerated.
- Unusual parental circumstances (e.g., parent’s whereabouts are unknown, abusive family environment, abandonment by parent, etc.).

Students who are unaccompanied and are homeless or self-supporting and at risk of being homeless are encouraged to complete the Unaccompanied Homeless Verification Form, instead of the Dependency Status Appeal Form.

Conditions, singly or in combination, that do not qualify for a dependency override include:

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

Dependancy Override Process

Students must complete and return the Dependency Status Appeal Form and supporting documentation to Raider Connect by March 30, 2021. Appeals will be reviewed on a case-by-case basis and all information will be kept confidential. The submission of an appeal does not guarantee appeal approval.

Upon receipt of a Dependency Status Appeal Form and supporting documentation, the Office of Financial Aid will review the student’s circumstance and documentation. Students with unusual circumstances that qualify for a dependency override will be deemed an independent student for the aid year.

The Office of Financial Aid will notify students via their Wright State University e-mail account when the result of their Dependency Status Appeal Form is available to view in WINGS Express. Students who have their appeal approved will be required to complete the FAFSA verification process, and additional documentation may be requested.
Supporting Documentation

Students are required to submit supporting documentation with their appeal. The supporting documentation will vary depending on the student’s unusual circumstances. Students must provide documentation for each parent. For the conditions which qualify for dependency override, the following items are requested:

<table>
<thead>
<tr>
<th>Circumstance</th>
<th>Requested Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent is deceased</td>
<td>A copy of the parent’s death certificate</td>
</tr>
<tr>
<td>Parent is incarcerated</td>
<td>Documentation that verifies the parent is incarcerated and lists the parent’s anticipated release date</td>
</tr>
<tr>
<td>Unusual parental circumstances</td>
<td>A signed statement from a third-party professional that knows the student’s current unusual parental circumstances</td>
</tr>
</tbody>
</table>

Signed statements from third-party professionals must document the student’s unusual circumstances as they relate to the parent in question. If a written statement is required for both parents, one written statement from a third-party professional that documents the student’s unusual circumstances as they relate to both parents is acceptable. This person should know and understand what the student’s current circumstances are.

Examples of a third-party professional relationship include your:
- Current/former teacher
- Counselor (school or wellness)
- Members of clergy
- Social worker
- Employer

Third Party Professional Letters should document the following:
- A signed statement from a third-party professional should be on letterhead of the business or organization that they represent. If letterhead is not obtainable, the person’s name, title, phone number, business/organization, address should be included.
- The student’s name as it appears in our records
- The relationship between the professional and the student should be stated

The Office of Financial Aid may contact third-party professionals who provide supporting documentation.

Definitions
- **Unaccompanied**—when a student is not living in the physical custody of a parent or guardian.
- **Homeless**—lacking fixed, regular, and adequate housing. For example, temporarily living with other people because he/she has nowhere else to go; living in substandard housing; living in emergency or transitional shelters (FEMA trailers after disasters); living in motels, camping grounds, cars, parks, abandoned buildings, bus or train stations, or any public place not designed for humans to live; or living in the school dormitory (e.g., on-campus housing) if the student would otherwise be homeless.
- **Self-supporting**—when a student pays for his/her own living expenses, including, fixed, regular, and adequate housing.
- **At risk of being homeless**—when a student’s housing may cease to be fixed, regular, and adequate, for example, a student who is being evicted and has been unable to find fixed, regular, and adequate housing.
- **Fixed housing**—stationary, permanent, and not subject to change.
- **Regular housing**—used on a predictable, routine, or consistent basis.
- **Adequate housing**—sufficient for meeting both the physical and psychological needs typically met in the home.
- **Parent**—a student’s biological or adoptive parent. A student’s stepparent, foster parent or legal guardian is not considered a parent unless they have adopted the student.
Please complete this form in its entirety and return it and all supporting documentation to Raider Connect by March 30, 2021. Students are encouraged to visit their WINGS Express account to monitor the status of their appeal, including requests for additional documentation, or to view adjustments to their financial aid awards.

(Please print)

Student name: _____________________________________________ UID: _______________________

Current street address: _____________________________________________________________________________

City: __________________ State: __________ Zip Code: __________________

Student cell phone number: (____) _____-_______ Student other phone number: (____) _____-_______

I. 2020-2021 FAFSA (Free Application for Federal Student Aid)

Please indicate your FAFSA filing status (check one):

□ I have filed my 2020-2021 FAFSA and listed Wright State University.

□ I have not filed - but I will file my 2020-2021 FAFSA and will list Wright State University (003078). FAFSA filing instructions: http://www.wright.edu/raiderconnect/financial-aid/dependency-status#instructions

II. Unusual Circumstance and Requested Documentation

*Appeals can only be reviewed with a completed form and required documentation*

<table>
<thead>
<tr>
<th>Parent 1 Name</th>
<th>Parent 2 Name</th>
<th>Circumstance</th>
<th>Requested Documentation</th>
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<tr>
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<tr>
<td>□</td>
<td>□</td>
<td>Unusual parental circumstance</td>
<td>A written statement from a third-party professional that knows the student’s current situation</td>
</tr>
</tbody>
</table>

III. Certification Statement

□ I certify that the information I provided on this form, and all accompanying documentation, is true to the best of my knowledge • I understand that the Office of Financial Aid reserves the right to contact third-party professionals who provided supporting documentation • I agree to submit additional documentation should the Office of Financial Aid make such a request • I understand my appeal could be denied • If my appeal is approved, I will be subject to the FAFSA verification process.

Student Signature: _____________________________________________ Date: _______________________

For Office Use Only

□ PJDEPO □ PJDEPD Submit to Review Initials: _______________ Date: _______________ Complete Initials: _______________ Date: _______________ Date Stamp: ______________________