

Federal Regulations stipulate that you are offered an opportunity to petition for a Dependency Override if you have “unusual circumstances.” Your petition will be reviewed and you may be granted a Dependency Override. These are approved on a case-by-case basis so it is important that you document your “unusual circumstances” and provide documentation each year.

The U.S. Department of Education recognizes examples of “unusual circumstances” to be, but are not limited to, an abusive family environment or abandonment by parents.

A Dependency Override cannot be granted solely for any of the following reasons below.

- You support yourself without assistance from your parents and do not live in your parent’s home
- Your parents do not claim you on their federal taxes
- Your parents cannot afford or refuse to help with college or living expenses

Student Name: _____ TXWES ID #: _____

Phone #: _____ Email: _____

Required Documents

Please submit the following documentation with this form:

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

- A typed letter regarding your “unusual circumstances” and including:
 - The circumstances that you believe make you independent
 - How you have provided for yourself, including support received from family and friends (identify a monetary amount for the current calendar year)
- Two (2) letters of support from non-relatives (e.g., clergy member, guidance counselor, teacher/professor, doctor, family counselor, mental health professional, law enforcement officer, proprietor, or employer), which can confirm the circumstances in your letter of explanation. The letters of support should also include how the person knows you and how long they have known you.
- Any additional documentation that can support and verify your situation.

Note: *Your request will not be reviewed unless ALL documentation is submitted and requirements met. Additional documentation may be requested after the initial review.*

Certifications and Signatures

I certify that all the information contained on this form is complete and correct. I understand that I must complete all sections, sign, and return this form for my acknowledgment to be processed for consideration. ***Print this form and sign with a pen. Electronic signatures are not accepted.***

Student’s Signature (Required)

Date

OFFICE OF FINANCIAL AID USE ONLY

Approved Denied Notice Sent: _____

Financial Aid Administrator Signature

Date