

UNIVERSITY OF HARTFORD

Dependency Override Application Information

Dependency override applications must be approved annually by the Office of Student Financial Aid.

1. What is a dependency override?

A dependency override occurs when a Financial Aid administrator overrides the requirement for parent information due to extreme circumstances such as documented abuse or abandonment by the parent. A dependency override at the University of Hartford is determined on a case-by-case basis depending on the situation, the supporting documentation provided, and whether the situation is reason enough for a student to be considered independent rather than dependent.

2. What conditions do not merit a dependency override?

None of the conditions below, separately or in combination, qualify as unusual circumstances or merit a dependency override. We will not be able to approve an override for the following circumstances:

- Parents refuse to provide information on the FAFSA and/or for the Verification process.
- Parents do not claim the student as a dependent for income tax purposes.
- Parents refuse to contribute to a student's education (i.e. pay tuition/fees, etc.)
- A dependent student who demonstrates self-sufficiency.
- A student who does not wish to communicate with parents.
- A student previously considered independent for financial aid purposes, but who is not meeting the 2019-2020 criteria.

3. What happens next?

Once we receive all of the documentation required, the Professional Judgment Committee will review your application.

If additional documentation is required, you will be notified via University of Hartford email.

Documents must be submitted within 20 business days from the date of notification. If your appeal is approved, your FAFSA will be processed as an independent student for this academic year. If your appeal is denied, you will be required to correct your FAFSA with parental information and a parent signature.

4. What can you do if your parents refuse to help?

The federal government considers it the family's responsibility to pay for higher education but may provide financial assistance if the family is unable to pay the full cost of education. It is an unfortunate reality that a parent refusal may prevent students from paying for their education until they meet the independent student definition. Here is some additional information to share with your parents.

- Remind your parents that submitting their information on FAFSA does not obligate them to pay your bill or provide you support, but their refusal will prevent you from receiving most financial aid.
- If your parents are concerned about their privacy, remind them that the confidentiality of student records, including financial aid information, is protected by the Family Education Rights and Privacy Act (FERPA). The University of Hartford cannot release information unless previously approved under FERPA regulations.

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Dependency Override Application

If after reviewing Dependency Override Application Information, you feel like you'd like to pursue a dependency override, please complete the following application. Please be sure to read the instructions thoroughly and submit required documentation. If you have any questions regarding this application, please contact the Office of Student Financial Aid.

A. Student Information

Name: _____ ID#: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip Code: _____ Phone#: _____

B. Dependency Override Request

All dependency override requests require the following documentation. Be as specific as possible.

- Detailed explanation of your situation and how you support yourself
- Separate statements (either notarized or on the included Reference Sheet) from three adult relatives/family friends who have first-hand knowledge of the history and current status of your situation and who can verify your circumstances.
- Supporting statement on letterhead, notarized, or on the included Reference Sheet from a high school counselor, social worker, clergy, psychologist, psychiatrist, or other professional third party.
- Legal or court documentation of abandonment, abuse, etc.
- Copy of your 2017 IRS Tax Return Transcript (obtained by calling the IRS at 1-800-908-9946 or logging on to www.irs.gov and clicking 'Order a Tax Return Transcript.')
- Copies of your W2's for 2017 if you worked (regardless of whether or not you filed taxes)
- 2019-2020 Verification Worksheet (available at admission.hartford.edu/finaid)

C. Please review and answer the following questions:

1. Regarding your mother and father, when is the last time you:

a. Lived with (from month/year to month/year)

Mother _____ Father _____

b. Had contact with (month/year)

Mother _____ Father _____

Explain the nature of contact:

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2. Regarding your mother and father, to your knowledge, where are they living?

Mother _____

Father _____

3. Who is currently supporting you financially?

Name: _____ Relationship: _____

Address: _____

4. Explain in detail your unique circumstances that you believe provide a basis for a dependency status override. Be sure to address your situation regarding both your mother and father. Be as specific and detailed as possible. Attach an additional sheet if necessary.

D. Certification & Signature

By signing this application, I certify that all of the information reported on this application is complete and accurate.

Student Signature _____ Date _____

Please send completed application to the Office of Financial Aid via email, mail, or fax.

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Dependency Override Application **Reference Worksheet**

This form should be completed by the family member(s), family friend(s), and a third-party professional (counselor, minister, teacher, etc.) who has first-hand knowledge of the student's situation and who can corroborate and verify the circumstances that necessitate the student's application for a dependency override. Please make additional copies for various references if need be. References may attach additional documents to elaborate on questions below.

A. Student Information

Name: _____ ID#: _____

B. Reference Information

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone#: _____

1. How long have you known the student?

2. What is your relationship to the student?

3. If you are a third-party professional, please indicate where you work:

4. Explain what you know of the student's current relationship/contact with his or her parents and any relative background information that you have regarding the history that has led to the current circumstance.

5. To your knowledge when is the last time the student had contact with his or her mother?

6. To your knowledge when is the last time the student had contact with his or her father?

7. Please explain the nature of student's contact with his/her mother and/or father.

8. Explain why you believe the student is unable to provide information from his or her parents?

By signing this statement, I certify under penalty of perjury that the information I have reported on this form is accurate and complete. I understand that purposely giving false or misleading information to qualify a student for federal student aid is a federal offense that can result in fines and/or incarceration.

Signature: _____ Date: _____

Please send completed application to the Office of Financial Aid via email, mail, or fax.