



DEPENDENCY OVERRIDE APPEAL (2023-2024)

Federal financial aid guidelines state that the student and the parents/stepparents have the primary responsibility for paying educational costs; therefore, we will consider a Dependency Override if you document that you have an “adverse home situation” such as parental abuse, abandonment or irreconcilable estrangement from your parents. *If your appeal is based solely on the fact that you do not live with or receive support from your parents, your appeal will be denied.* If you believe your circumstances qualify for an appeal, please read the following instructions carefully.

INSTRUCTIONS

- Complete pages 2, 3 and 4 of this form and gather all required documentation.
- Attach all documentation to this appeal form. *Incomplete appeals will not be processed.*
- Log on to www.fafsa.ed.gov and complete the 2023-2024 FAFSA application by the priority filing deadline of March 2, 2023. Be sure to answer all questions in the student sections **ONLY** and select the option, “*I have a special circumstance and I am unable to provide parental information.*” Our office will receive your 2023-2024 FAFSA information from the Central Processing System (CPS) beginning April 2023.

APPEAL PROCESSING

The Office of Financial Aid Appeals Committee will review your appeal and documentation. We will notify you of our decision within 4 weeks of the date you submit your appeal. All decisions on dependency overrides are made based on professional judgment by the Office of Financial Aid at CSU Fullerton. Decisions made at other institutions are not accepted.

- ***If your appeal is approved:*** We will notify the Central Processing System (CPS) that your FAFSA should be processed as an independent student.
- ***If your appeal is denied:*** We will provide you written instructions on how to proceed with your financial aid as a dependent student.

Conditions that DO NOT warrant a Dependency Override:

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

APPEAL FILING DATES

You must complete the 2023-2024 FAFSA **and** submit your appeal and all supporting documentation to the Office of Financial Aid by the March 2nd deadline. *We will accept appeals after March 2, 2023; however, we cannot guarantee availability of funds for students with a FAFSA filed after the March 2nd priority deadline.*



Enter Student's
CWID Here:

DEPENDENCY OVERRIDE APPEAL (2023-2024)

PRINT CLEARLY AND USE BLACK INK

INSTRUCTIONS: Attach the following documentation to this appeal in order to have your independent status considered. Use the checklist below to ensure that you include all appropriate information. Be sure to review page one thoroughly before proceeding. *Incomplete documents will not be returned. They will be disposed of in a secure manner, per university policy. This will delay processing.*

Step 1 Provide a detailed personal statement (on pages 3 & 4 of this appeal form), which must include the following:

- Outline the extenuating circumstances that you believe qualify you for an exception to the federal definition of independence.
- Explain how you have supported yourself from the time your parent(s) ceased supporting you until now
- Chronological history of your status from the date of estrangement and/or adverse home situation to the present (i.e., living arrangements, employment, financial support). List the address of where you are currently living.
- Statement indicating the date and circumstances of your last contact with your parents.

Step 2 Provide the following supporting documentation:

- Copies of official documents (e.g. court documents, medical records, police reports.)
- Two letters from third parties familiar with your circumstances:
 - o At least one letter from a professional (on letterhead) familiar with your situation (e.g., a counselor, school official, attorney, clergyman, physician, social worker). **Character references and letters of recommendation that do not specifically document direct knowledge of your adverse home situation or estrangement are not acceptable.**
 - o The other letter may be from a friend or family member and must address circumstances and/or length of the estrangement and/or adverse home conditions.
- A copy of your current lease or rental agreement. If you do not have either, provide a signed statement from your current landlord verifying your tenancy.

If you are unable to provide any part of the documentation described above, you must see a financial aid counselor to determine other documentation options.

CERTIFICATION:

By signing this form, I certify that all of the information reported on this form and any attachments hereto is true, complete and accurate. I agree to provide proof of the information I have reported, if requested to do so. I also certify that I have read the terms and conditions section of the CSU Fullerton, Financial Aid website <http://www.fullerton.edu/financialaid/info/Terms.php>.*

Student's Signature: _____ Date: _____
Print Student's Name: _____ CWID: _____

***Warning:** If you give false or misleading information on documents submitted to the Office of Financial Aid, you may be fined, be sentenced to jail or both.

Print Student's Name: _____ CWID: _____
 Last First

PERSONAL STATEMENT

DEPENDENCY OVERRIDE APPEAL

- A. DESCRIBE YOUR EXTENUATING CIRCUMSTANCES:**
(attach a separate sheet if you need more space)

- B. FINANCIAL SUPPORT:** Explain how you have supported yourself from the time your parent(s) ceased supporting you until now.

Print Student's Name: _____ **CWID:** _____
Last First

C. DOCUMENTATION OF EVENTS: List chronologically events which led to your estrangement from your parent(s).

Date: _____ Event: _____

Date: _____ Event: _____

Date: _____ Event: _____

Date: _____ Event: _____

Date: _____ Event: _____

D. LAST PARENTAL CONTACT: _____
Month/Year

Parent Name(s) _____

Address: _____
Street City State Zip Code

Telephone Number: _____

Circumstances of your last contact with your parent(s).

RETURN TO: California State University, Fullerton, Office of Financial Aid
P.O. Box 6804, GH-146 Fullerton, CA 92834-6804