

2022-23 Appeal for Dependency Override Form

Student Name	Student ID#
abandonment, <u>documented</u> abuse (pl independent for financial aid purpose	demonstrate an <u>involuntary dissolution</u> of the family due to death, imprisonments in a single property of the family due to death, imprisonments and the considered so that your situation warrants a special review, you must be eaself-sufficient and be able to document why your parent(s) should not be requi
other people who can confirm your cir adult relative, an adult you have lived his/her relationship to you and what h signed by that individual, and a teleph	mentation, police records, and written statements from yourself and at least two reumstance. The written statements can be from an uninterested third party, an with during the past year, a pastor or a counselor. The statements must include e/she has witnessed with regards to your situation with your parent (s). It must one number must be included as to where he/she can be reached for further also provide documentation such as tax return transcripts, lease agreement, and/e your ability to support yourself
 Parental refusal to contribute Parent unwillingness to provide Parent does not claim the student 	to the student's education de information on the FAFSA or verification documentation lent as a dependent for income tax purposes lf-sufficiency/does not reside with parent(s)
complete sections A and C	o you: approved for a Dependency Override in prior years at Neumann University, please ly been approved for a Dependency Override at Neumann University, please
Please check reason for request:Severe circumstances exist vDivorced after being married marriage and continue to do so now	rial review, you may be asked for additional documentation. vithin family, including death of parent after FAFSA was filed I for at least one year, maintained residence separate from parent(s) during which prevent you from having contact with parent(s)

You must complete this form and provide the following documentation:

- Submit the 2022-23 FAFSA online at https://studentaid.ed.gov
- Write a personal letter requesting consideration for independent status which outlines your extenuating circumstance. Your signed and dated letter must include:
 - \circ Why you cannot provide parental financial information on the 2022-23 FAFSA
 - The whereabouts of your biological/legal mother and father and their current living arrangements. Please include any contact you have had with either and the frequency of contact.
 - o Your living arrangements over the past year.
 - With whom did you reside? Who provided financial support during the past year?

	party documentation is required. le documentation to support your appeal for independent status; examples include: court orders of permanent status death certificates verification of incarceration At least two letters from adult professionals who can verify your family circumstances. Adult professionals include clergy members, attorneys, school guidance counselors, medical doctors, mental health professionals, teachers, law enforcement or court officers, and professional staff associated with Child Protective Services.
	ayone claim you on their 2020 and/or 2021 Federal Income Tax return? If so, please state who and their onship to you
Section B – Re	<u>enewal Request</u> : If you were approved for a Dependency Override in a previous academic year/term, you
	to provide supporting documentation or clarification.
say be asked tSubmitAttachsituati	it the 2022-23 FAFSA online at https://studentaid.ed.gov In a personal statement with your name, student ID#, date and signature summarizing your current ion and any changes that may have occurred since you were originally granted a dependency override. You and dated letter must include the following: Why you cannot provide parental information on the 2022-23 FAFSA. An explanation of your continued estrangement from your biological/legal parents. Explain your living arrangements over the past year and how you have supported yourself. With whom did you reside?
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By signing this document, I certify that all information contained on this form is true and accurate. Providing inaccurate or false information may result in the denial, reduction, withdrawal and/or repayment of financial aid. <u>I</u> also understand that I may submit only one request per academic year and the decision of the Financial Assistance Office is final.

Student Signature	Date	
Dhone Number /	Email	

 $Please \, return \, all \, documentation \, and \, this \, completed \, form \, to: \,$

Office of Financial Assistance Neumann University 1 Neumann Drive Aston, PA 19014-1928

Fax: 610-558-5652

Please note – If the FAFSA has been selected for Verification, all required documentation must be submitted to the Office of Financial Assistance prior to this review. *You will receive separate notification if your FAFSA is selected.*