

## 2026-2027 Dependency Override Appeal

Federal financial aid regulations assume that a student's family has primary responsibility for meeting educational costs. If you are considered a dependent student according to the federal financial aid definition, your aid eligibility is determined using parent income and asset information in addition to your information.

### What makes a student Dependent or Independent?

Your student dependency status is determined by the U.S. Department of Education, based on your responses to specific questions on the FAFSA. For financial aid purposes, federal regulations have defined an independent student as one who meets **AT LEAST ONE** of the following conditions:

- Born before January 1, 2001
- Married as of the date FAFSA was signed
- Have children who receive **more than half their support** from the student, OR have legal dependents, other than a spouse or children, who live with the student and receive **more than half their support** from the student.
- A veteran of the U.S. Armed Forces (or will be a veteran as of June 30, 2026), or have attended a service academy and were released under a condition other than dishonorable discharge.
- Currently serving on active duty in the U.S. Armed Forces (other than training).
- Emancipated Minor or in a Legal Guardianship as determined by the court in her/his state of legal residence.
- Both parents are deceased, ward of the court, foster care (after age 13).
- A self-supporting unaccompanied youth who is homeless or at risk of homelessness (as certified by a governmental or school agency).

**A student who does not meet ANY of the above classifications is classified as a Dependent student.**

### What **COULD** qualify a student for a Dependency Override Appeal?

- Documented abandonment
- Reported narcotic use
- Parent mentally incapacitated
- Domestic Abuse (physical, psychological, verbal, sexual)
- Severe estrangement from parents
- Parental incarceration

### What **DOES NOT** qualify a student for a Dependency Override Appeal?

- Parents refuse to provide information on the FAFSA application or for verification.
- Parents do not claim the student as a dependent for income tax purposes.
- Parents are unwilling or unable to contribute to students' education.
- Student demonstrates self-sufficiency.
- Student is reluctant to request income information from their parents.
- Student does not wish to communicate with parents.



## Student Information

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student Email: \_\_\_\_\_@durhamtech.edu

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### Dependency Override Appeal Instructions

The Financial Aid Office will review **only complete appeals**. **Incomplete submissions will delay processing or may not be reviewed.**

Students requesting a **Dependency Override** must carefully complete **all required steps** and submit **all required documentation**. Use the checklist provided in this packet to ensure your appeal submission is **complete and accurate**.

Failure to submit all required documentation may result in the **denial of your appeal** or a request for additional information.

### STEP ONE: Required Statements and Documentation

#### Student Statement

Submit a **detailed, typed letter** explaining your circumstances and the reasons you are requesting a dependency override. Your letter should clearly describe your relationship with your parent(s) and any unusual or extenuating circumstances.

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#### Third-Party / Professional Statement(s)

Submit **one or more signed letters on official letterhead** from an objective third-party professional who is familiar with your situation. Statements must explain your circumstances **in detail**.

Acceptable third-party sources include (*but are not limited to*):

- Minister or Religious Leader
- High School Counselor
- Licensed Counseling Professional
- Social Worker
- Teacher
- Physician or Medical Professional

Letters from family members or friends are **not acceptable** as third-party documentation.

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#### 2026–2027 Independent Verification Worksheet

Complete and submit the **Independent Verification Worksheet** for the 2026–2027 academic year.

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#### Death Certificate (if applicable)

If one or both parents are deceased, submit a **copy of the original death certificate(s)**.

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**Official Supporting Documentation**

Submit **one or more forms of official documentation or testimony** that support your appeal. Examples include:

- Police Reports
- Social Services Documentation
- Documentation from a Licensed or Professional Agency
- Court Records
- Employer Statements

**2024 Income Tax Transcript** *(only if you filed taxes)*

Submit your official **2024 IRS Tax Return Transcript**.

**2024 W-2 Forms** *(only if you were employed)*

Submit copies of all **2024 W-2 forms** from your employer(s).

**Important Notes**

- All documentation must be **complete, legible, and current**.
- The Financial Aid Office may request **additional information** if needed.
- Submission of an appeal does **not guarantee approval**.
- Appeals are reviewed on a **case-by-case basis** in accordance with federal regulations.

**STEP TWO: Expenses**

Please **estimate your current monthly expenses** in the space below.

- If **you are responsible** for paying an expense, indicate **“Self”** in the third column.
- If **someone else pays for or provides an item**, list **their name and relationship** to you.

Expense	Monthly Cost	Who Pays / Provides
Housing / Rent / Mortgage	\$	
Utilities / Telephone / Electric	\$	
Food	\$	
Tuition / Educational Expenses	\$	
Transportation / Car Payment / Insurance	\$	
Medical / Health Insurance	\$	
Personal Expenses	\$	
Child Care / Day Care / Babysitter	\$	



**STEP THREE: Residency & Parental Support**

For each item listed below, check the appropriate response.

**Will/did your parent(s) claim you as a dependent on their 2023 federal tax return?**

Yes     No     Don't Know

**Will/did your parent(s) claim you as a dependent on their 2024 federal tax return?**

Yes     No     Don't Know

**Will your parent(s) provide your health insurance for 2025–2026?**

Yes     No     Don't Know

**Will your parent(s) provide your health insurance for 2026–2027?**

Yes     No     Don't Know

**Did you live with your parent(s) during the 2025–2026 academic year?**

Yes     No

**Did you live with your parent(s) during the 2026–2027 academic year?**

Yes     No

**STEP FOUR: Current Income**

Please provide an **estimate of your average monthly income** and identify the **specific source** of each type of income. Examples of sources include: self-employment, employment at Applebee's, or working for Dr. Smith.

Type of Income	Monthly Amount	Source
Wages	\$	
Untaxed Income	\$	
Cash Support	\$	
State / Government Support	\$	
Interest / Asset Income	\$	

**STEP FIVE: Student Certification**

By signing this form, I certify that **all information provided** in this request for a Dependency Override is **true, accurate, and complete** to the best of my knowledge.

I understand that if I am found to have **knowingly or intentionally provided false or fraudulent information or documentation**, my request will be denied and my financial aid eligibility may be jeopardized.

**PLEASE NOTE:**

A dependency override is approved **on an annual basis**. You must **update your information and submit a reaffirmation request each year**. Approval in a prior year **does not guarantee approval** for future years.

**Student Signature** (*handwritten*): \_\_\_\_\_

**Date:** \_\_\_\_\_

**School Certification****Financial Aid Office Use Only****Date Received** \_\_\_\_\_**Professional Judgement Decision:**       **Approved**       **Denied**       **Insufficient Information****Transaction #** \_\_\_\_\_      **Correction Date:** \_\_\_\_\_      **New SAI:** \_\_\_\_\_**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**Director/Asst. Director Certification:** \_\_\_\_\_      **Date:** \_\_\_\_\_