

2020-2021 Dependency Override Request

You should complete this form if you are considered a dependent student for federal financial aid and believe you have unusual & exceptional circumstances which should allow you to be considered an independent student. Return the completed form with the required documentation to the Financial Aid Office. **We understand the sensitive nature of these circumstances; all documentation received by Financial Aid Office will be kept confidential.**

All Dependency Overrides are evaluated on a case-by-case basis and must be documented.

1. Students must complete the FAFSA prior to submitting the Dependency Override Request form.
2. Students need to download and complete all sections of the Dependency Override Request form.
3. Students must provide documentation that supports the request for a dependency override. Students should make every effort to obtain all the listed documentation, missing documentation may cause the request to be rejected. Additionally, the need may arise for students to submit documentation not listed below.
 - **Notarized Third Party Statements:** Provide at least two letters from third-party adult individuals who personally have knowledge of the situation and who can verify the circumstances.
 - **At least one letter must be from a guidance counselor, physician, social worker, clergy person, or another individual who has been involved in the circumstances in a professional capacity. This letter should be on professional letterhead.**
 - All letters must include details as to how the person knows the student, how long they have known the student, and how they have been involved and/or have first-hand knowledge of the situation. The individuals submitting letters cannot be related to one another, nor can they reside at the same address. A telephone number and address where the individual can be reached for follow-up questions must be included.
 - All letters should be notarized
 - **Additional Supporting Documentation:** In addition to your request form and notarized third-party statements, students need to provide the following:
 - A copy of the student's current lease, rental agreement or a signed statement from the current landlord verifying tenancy
 - Tax Transcript from the IRS for tax years 2018 and 2019.
 - W2's for tax years 2018 and 2019.
 - Details of monthly expenses (utility bills, car payments, etc.)
 - Court documentation, police reports, arrest reports, etc. as applicable
 - Independent Verification Worksheet (e-form to be completed in the HUHS Financial Aid portal)
 - Copy of birth certificate; if adopted, copy of birth certificate issued after adoption proceedings.

4. Students need to submit the Dependency Override Request form and all supporting documentation to the Financial Aid Office. **With the exception of the third-party statements, all documentation should be loaded into the HUHS Financial Aid portal.** Since the documentation package should include notarized statements, **copies of the third-party statements will not be accepted**, submissions must be mailed to:
Huntington University of Health Sciences
Attention: Financial Aid Office
118 Legacy View Way, Knoxville, TN 37918
5. Once a complete documentation package has been received by the University, the Director of Financial Aid will review all documentation and make a determination. **The decision is final and not subject to appeal.** Students will be notified in writing of the decision and will include the date of the decision and the signature of the Director of Financial Aid.



2020-2021 Dependency Override Request

Student's Name: _____ Student Id#: _____

Phone _____ Email _____

Financial Aid policy at the Huntington University of Health Sciences requires a student seeking a dependency override to complete and submit the Dependency Override Request Form, with all required documentation. Decisions made at other institutions are not accepted. Refer to the instructions page for complete details.

STEP ONE: PERSONAL STATEMENT

Please attach a signed and dated personal statement, detailing the unusual & extenuating circumstances that you believe warrant a review of your dependency status. An emailed statement will not be accepted. Be sure to include the following:

- 1. The nature of your relationship with both your mother and father
2. The location of both parents AND when you last had contact with them
3. Why you cannot obtain information and/or support from your parents

STEP TWO: THIRD PARTY/PROFESSIONAL STATEMENT

Provide at least two notarized letters from third party, adult individuals who personally have knowledge of you and your situation and who can verify your circumstances. Please note the following:

- 1. At least one letter must be from a guidance counselor, physician, social worker, licensed therapist, clergy person, or other individual who has been involved in the circumstances in a professional capacity. This letter should be on professional letterhead.
2. All letters must include details as to how the person knows you, how long they have known you, and how they have been involved and/or have first-hand personal knowledge of your situation.
3. The individuals submitting letters cannot be related to one another, nor can they reside at the same address.

All letters must be notarized, signed, and include a telephone and address where the individual can be reached for follow-up questions.

STEP THREE: RESIDENCE INFORMATION: FOR EACH ITEM LISTED BELOW, CIRCLE THE APPROPRIATE RESPONSE.

Table with 2 columns: Residence Information and Circle the appropriate response below. Rows include questions about where the student lived during 2019-2020 and 2020-2021, with response options: On Campus / Off Campus / With Parents.

Student's Name: _____ Student ID# _____

STEP FOUR: EXPENSES (PT. 1): FOR EACH ITEM LISTED BELOW,
CIRCLE THE APPROPRIATE RESPONSE.

| EXPENSES | Circle the appropriate response below | |
|--|---------------------------------------|----|
| Did your parent(s) claim you as an exemption on their 2018 federal tax return? | Yes | No |
| Did your parent(s) claim you as a dependent on their 2018 federal tax return? | Yes | No |
| Did your parent(s) provide your health insurance in 2019-2020? | Yes | No |
| Will your parent(s) provide your health insurance for 2019-2020? | Yes | No |
| Did your parent(s) provide your auto insurance in 2019-2020? | Yes | No |
| Will your parent(s) provide your auto insurance in 2019-2020? | Yes | No |

STEP FIVE: EXPENSES (PT. 2): INDICATE WHO PAYS FOR EACH EXPENSE
LISTED IN THE CHART BELOW.

| Expense | Resource (who pays for the expense) |
|--|-------------------------------------|
| Rent | |
| Utilities | |
| Telephone | |
| Food | |
| Transportation (car payment and insurance) | |
| Medical (health insurance) | |

STEP SIX: PRIOR YEAR FINANCIAL AID SUPPORT

Did you receive financial aid during the 2019-2020 year (Fall 2019, Spring 2020, or Summer 2020)? Yes No

If you answered 'YES', list the institution(s) you attended during the 2019-2020 academic year:

STEP SEVEN: STUDENT CERTIFICATION

I certify that the information provided on this form and all attached documents is true, complete, and accurate. I understand that purposefully providing false information could result in a reduction and/or repayment of aid, and/or denial of future appeals in this and future years.

Student Signature _____ Date _____