

# 2024-2025 DEPENDENCY OVERRIDE APPLICATION

Office of Scholarships & Financial Aid  
601 S. MLK Jr. Drive  
201 Thompson Center  
Winston Salem, NC 27110  
Phone: 336-750-3296  
financial.aid@wssu.edu  
Federal School Code: 002986



**WINSTON-SALEM**  
STATE UNIVERSITY

## DEPENDENCY OVERRIDE APPLICATION INFORMATION— PLEASE READ IN ITS ENTIRETY

### 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 Winston-Salem State University (WSSU) 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. Dependency Override applications must be approved each academic year.

### 2. Who is a parent for financial aid purposes?

Your biological/adoptive mother and father are considered your parents. Grandparents, foster parents, and legal guardians are not considered parents, unless they have legally adopted you. If a person has adopted you, they are your legal parent.

**3. What makes a student dependent or independent?** Under the Higher Education Act of 1965 as amended, the U.S. Congress established thirteen criteria for determining a student's dependency status, based on answers to the following questions as of the date of the student's initial FAFSA application.

1. Were you born before January 1, 2000?
2. As of the date you filed the FAFSA, were you married? (Answer "Yes" if you are separated but not divorced.)
3. At the beginning of the 2024-2025 school year, will you be in a master's or doctoral program (such as an MBA, PhD, etc.)?
4. Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training?
5. Are you a veteran of the U.S. Armed Forces?
6. Do you have children who will receive more than half of their financial support from you from July 1, 2024 and through June 30, 2025?
7. Do you have dependents (other than your children or spouse) who live with you and will receive more than half of their support from you now through June 30, 2025?

**Note: The following require specific documentation if you answer "Yes":**

8. When you were age 13 or older, were both your parents deceased, were you in foster care, were you a dependent/ward of the court?
9. As of today, are you an emancipated minor as determined by a court in your state of legal residence?
10. As of today, are you in legal guardianship as determined by a court in your state of legal residence?
11. On or after July 1, 2023 did your high school or school district homeless liaison determine you were an unaccompanied homeless youth?
12. At any time on or after July 1, 2023 did the director of an emergency shelter program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless?
13. At any time on or after July 1, 2023 did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?

### 4. 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:

- Parents refuse to provide information on the FAFSA or during 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, room/board, or books and supplies).
- A dependent student who demonstrates self-sufficiency (i.e. has a job, does not live at home, etc.).
- 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 2024-2025 FAFSA definition.

### 5. What happens next?

- Once we receive all the documentation required, your application will be reviewed by the Financial Aid Counselor and upper Leadership.
- If additional documentation is required you will be notified via WSSU email only. Documents must be sent within 20 business days from the date of the email notification.
- If your **appeal is approved**, your FAFSA will be processed as an independent student. If your **appeal is denied**, you will be required to correct your FAFSA with parental information and a parent signature.

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

The U.S. Department of Education provides guidance to financial aid administrators that neither parent refusal to contribute to the student's education or to provide information on the FAFSA or for Verification is sufficient grounds for a dependency override, even if the parents do not claim the student as a dependent for income tax purposes or the student demonstrates self-sufficiency. It is an unfortunate reality that parent refusal may prevent students from paying for their education until they meet the independent student definition.

Here is some advice on how to help educate your parents better:

- First try to encourage your biological/adoptive parents to complete the FAFSA. Remind your parents that submitting their information on the FAFSA does not obligate them to pay your bill or provide you support, but their refusal will prevent you from receiving financial aid.
- If your parents are concerned about privacy, remind them that the confidentiality of student records, including financial aid information, is protected by the Family Educational Rights and Privacy Act (FERPA). The WSSU Office of Financial Aid and Scholarships does not share parent information with the student without the parents' consent.

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**WINSTON-SALEM**  
STATE UNIVERSITY

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip Code

**Read and check the situation that applies to you.** Documentation submitted must be as specific as possible and focus on your relationship with your parents, not on lack of parental financial support. A dependency override at WSSU is determined on a case-by-case basis depending on the situation and the supporting documentation provided.

## SECTION A: Dependency Override Reason and Document Requirements

1. REASON for Dependency Override	2. Required Documentation for <u>ALL</u> Dependency Overrides
<input type="checkbox"/> Abandonment at an early age and no ongoing contact with biological or adoptive parents. Or Abusive home environment (physical and/or emotional abuse and/or alcohol or drug abuse). → Submit legal and/or court documents that support claims of abandonment → Legal and/or court documents that support claims of abuse	1. <input type="checkbox"/> Copy of your birth certificate. 2. <input type="checkbox"/> Detailed explanation of your situation and how you supported yourself during the past year.
<input type="checkbox"/> Death of a parent after filing out the FAFSA and surviving parent meets one of the conditions listed above → Photocopy of parent's death certificate. If your last name is different from parent that is deceased please provide birth certificate.	3. <input type="checkbox"/> Two (2) Separate Statements from adult relatives or family friends who have first-hand knowledge of the history and current status of your situation. They must be able to verify your circumstances. Use the included <i>Reference Worksheet</i> (page 4) or submit separate notarized statements.
<input type="checkbox"/> Parents reside outside the United States and can't be contacted by normal communications (i.e. mail, phone, e-mail, other electronic communication, etc.) → Documentation from governmental source that states that normal communication within the area of parental location is unavailable → Other documents showing your parents cannot provide parent information	4. <input type="checkbox"/> One (1) additional statement on letterhead, notarized, or on the included <i>Reference Worksheet</i> from high school counselor, social worker, clergy, psychologist, psychiatrist, or other third party. If you are unable to collect an additional letter from a third party, you may use an adult relative or family friend who has first-hand knowledge of the history and current status of your situation.
<input type="checkbox"/> Other → Documentation that supports your situation (third party letters, court documents or other official records)	

**IMPORTANT NOTE:** If you have been approved for a Dependency Override in a prior year it does not guarantee approval in a future year. WSSU Office of Scholarships & Financial Aid will review your prior year approved application and FAFSA information for the new academic year to determine next steps. Please be prepared to submit any new information upon request.

## SECTION B: Tax and Other Income Information (REQUIRED UPON REQUEST)

Please note that some students may also be required to submit tax information as part of their Dependency Override application. These documents include the following:

- Copy of your 2022 IRS Tax Return Transcript if requested by WSSU Financial Aid Office (obtained free by logging on to <http://www.irs.gov/Individuals/Get-Transcript#>).
- If you did not file a 2022 federal tax return, please complete the included WSSU Student Non-filing Income Statement form, provide a 2022 IRS Verification of Non-filing Letter and copies of your W2s for 2022, if you worked (even if you did not file taxes).

**SECTION C:** Please answer the following questions:

1. Have you been approved for a dependency override in a previous year at WSSU? ☐ Yes ☐ No Years: \_\_\_\_\_

**Note:** If you answer yes you must still submit an explanation and all new supporting documentation. Letters submitted from anyone who provided letters in prior years, must be updated with the current status of your situation and refer specifically to the past year.

- 2. Regarding your biological/adoptive mother and father, when is the last time you?:** (mark N/A for any that don't apply )

a. Lived with (from month/year - to month/year): Mother \_\_\_\_\_ Father \_\_\_\_\_

b. Had contact with (month/year):	Mother	Father
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Explain the nature of the contact:

- 3. Regarding your biological/adoptive mother and father, are you covered as a dependent under your parents' medical plan?**

(If yes, which parent and provided the insurance information)

Mother:

Father:

4. Who is currently supporting you (Name and Relationship)? \_\_\_\_\_

### SECTION D: Explanation of Circumstances

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 biological/adoptive mother and father. Please print clearly or type and attach an additional sheet, if necessary.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Sign in Ink or with a Stylus

# 2024-2025 REFERENCE WORKSHEET FOR DEPENDENCY OVERRIDE APPLICANT

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STATE UNIVERSITY

This form should be completed by a family member, family friend, or 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. *(Make additional copies of this form as necessary. Attach an additional sheet if necessary.)*

Student's Name: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

**If necessary, the following information can be typed on a separate sheet but must address each of the questions below and have an ink signature:**

1. How long have you known the student: \_\_\_\_\_

2. What is your relationship to the student: \_\_\_\_\_

If you know the student as a third party professional counselor, minister, teacher, etc.), please indicate where you work:

\_\_\_\_\_

3. Explain what you know of the student's current relationship/contact with his/her biological/adoptive parents and any relevant background information you have regarding the history that has led to the current circumstances:

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4. To your knowledge when is the last time the student had contact with his/her biological/adoptive mother: \_\_\_\_\_

To your knowledge when is the last time the student had contact with his/her biological/adoptive father: \_\_\_\_\_

Explain the nature of the contact:

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5. Explain why you think the student is unable to provide information from a biological/adoptive parent:

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Student's Name: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

**If necessary, the following information can be typed on a separate sheet but must address each of the questions below and have an ink signature:**

1. How long have you known the student: \_\_\_\_\_

2. What is your relationship to the student: \_\_\_\_\_

If you know the student as a third party professional counselor, minister, teacher, etc.), please indicate where you work:

\_\_\_\_\_

3. Explain what you know of the student's current relationship/contact with his/her biological/adoptive parents and any relevant background information you have regarding the history that has led to the current circumstances:

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4. To your knowledge when is the last time the student had contact with his/her biological/adoptive mother: \_\_\_\_\_

To your knowledge when is the last time the student had contact with his/her biological/adoptive father: \_\_\_\_\_

Explain the nature of the contact:

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5. Explain why you think the student is unable to provide information from a biological/adoptive parent:

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\*Sign in Ink or with a Stylus

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

Printed Name: \_\_\_\_\_

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Student's Name: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

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1. How long have you known the student: \_\_\_\_\_

2. What is your relationship to the student: \_\_\_\_\_

If you know the student as a third party professional counselor, minister, teacher, etc.), please indicate where you work:

\_\_\_\_\_

3. Explain what you know of the student's current relationship/contact with his/her biological/adoptive parents and any relevant background information you have regarding the history that has led to the current circumstances:

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4. To your knowledge when is the last time the student had contact with his/her biological/adoptive mother: \_\_\_\_\_

To your knowledge when is the last time the student had contact with his/her biological/adoptive father: \_\_\_\_\_

Explain the nature of the contact:

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5. Explain why you think the student is unable to provide information from a biological/adoptive parent:

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