

2024-2025 Dependency Override/Unusual Circumstances



Student's Name _____ JCU ID _____

The US Department of Education requires parent information and expects a parental contribution for students who are not independent according to the FAFSA instructions. There are unusual circumstances that may warrant a Dependency Override when adequate documentation is submitted. Students who would like to have their unique situation reviewed should complete and submit this form along with supporting documents. The information will be reviewed, within 2 weeks, by the appeal committee and you will be notified through your JCU email account of the decision. If additional information is necessary before a determination is made, you will be contacted by email, unresponsiveness will cause a delay or may result in cancellation of your request.

What conditions COULD warrant a Dependency Override?

- Your custodial parent has died and the other natural parent is still living, however you have not had contact with or received any financial support from the living parent for a significant period of time.
- Parental abuse (drug, alcohol, physical or emotional) where police or court involvement is on record.
- Parental mental incapacity.
- Your family situation is unstable.
- Parental Incarceration.
- Legally granted refugee or asylum status and separated from your parents.
- Victim of human trafficking.

By Federal Law, the following conditions DO NOT warrant a Dependency Override?

- Parents refuse to provide information on the FAFSA application or for verification.
- Parents unwilling or unable to contribute to student's education.
- Student demonstrates self-sufficiency or do not live with parents.
- Parents do not claim the student as a dependent for income tax purposes.
- Student does not wish to communicate with parents.
- Student does not want parent's assistance to pay for college.
- Student has ongoing arguments with parents' and due to this the parents have refused to help student.

Documents required:

1. **Personal Statement** Attach a letter explaining your situation. You must describe your current relationship (even if it is non-existent) with your mother and your father. Be as specific as possible. Explain where you live and who supports you.
2. **Third Party Professional Statement** Provide a **signed** letter (on official letterhead) from an objective third party professional adult who can corroborate your circumstances and has been involved in a professional capacity. Examples of third-party professional include; guidance counselor, police officer, physician, social worker, clergy member, teacher, employer or mental health provider.
3. **Personal Third-Party Statement** Provide a **signed** letter from an adult who personally has knowledge of your situation and can corroborate the facts you present in your statement. The letter 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 firsthand knowledge of the situation. A telephone number and address where the individual can be reached must be included in this signed statement.
4. Submit your most recent federal tax return, current paystub and document any untaxed income you receive.
5. If you do not work and have no income you must provide a written explanation of how you are supported.
6. Submit your health and automobile insurance documents that identify the policy holder.
7. Submit supporting documents.

Examples of Supporting Documents:

1. Protection order that prohibits you from having contact with your parent(s).
2. Prison record, petition for commitment, Psychiatric Advance Directives, paperwork from long term care facility.
3. Parent(s) death certificate or prayer card.

SECTION A. Where do you live and who pays your expenses?

Where do you live in 2024? On Campus With Parents Other, explain _____
Where did you live in 2023? On Campus With Parents Other, explain _____
Where did you live in 2022? On Campus With Parents Other, explain _____

Who provides your health insurance? _____

Who provides your auto insurance? _____

Who pays your cell phone bill? _____

Section B. Tell us about your natural or adoptive parents.

Parent 1

Name: _____ Address: _____

When did you last live with parent 1? _____ (mo/yr)

When did parent 1 last provide any monetary support for you? _____ (mo/yr)

When was the last time you had contact with parent 1? _____ (mo/yr)

How often do you have contact with parent 1? _____ ie: once a week, once a month, no contact

Parent 2

Name: _____ Address: _____

When did you last live with parent 2? _____ (mo/yr)

When did parent 2 last provide any monetary support for you? _____ (mo/yr)

When was the last time you had contact with parent 2? _____ (mo/yr)

How often do you have contact with parent 2? _____ ie: once a week, once a month, no contact



CERTIFICATION

By signing this certification, I confirm that all information reported on this form in support of my application for financial assistance is complete and correct. I understand that completing this appeal does not guarantee an override of my dependency. If my appeal is not approved, in order to receive federal aid, I will submit my FAFSA providing parent information.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student Name _____ Phone Number _____

Student Signature _____ / _____ / _____ Email Address _____
Original ink signature Date

Please return this form with supplemental documents to:

John Carroll University, Student Enrollment and Financial Services

1 John Carroll Boulevard

University Heights, Ohio 44118

Phone 1-216-397-4248 Fax 1-216-397-3098

Or use our secure portal to submit the documents https://admission.jcu.edu/register/verification_supporting_docs