RUTGERS
Office of Financial Aid

IND

# Petition for Dependency Override

Name: _____ _____
RUID or A number

Address: _____

Phone #: _____

Email: _____

Based on your Free Application for Federal Student Aid (FAFSA), you are considered a dependent student. However, if you feel that you have unusual circumstances that need to be considered, you may submit a request for a dependency override.

**Before you submit your request, please note the following:**

**None** of the conditions listed below, singly or in combination, qualify as unusual circumstances meriting a dependency override:

- Parents refuse to contribute to the student's education.
- Parents are unwilling to provide information on the FAFSA or for verification.
- Parents do not claim the student as a dependent for income tax purposes.
- Student demonstrates total self-sufficiency.

**To request a Petition for Dependency Override, you must sign and submit this form, along with the following documentation:**

**Personal Letter**

A personal letter stating your special circumstances. Be sure to include the following: what has caused you to become independent from your parents, the date(s) these circumstances arose, the location of, and amount of contact with, both mother and father, and how you have provided for your own basic necessities (i.e., student tax return).

**Third Party Letters (2)**

At least two letters from third parties who have detailed personal knowledge of your situation and who can verify your circumstances. At least one letter should be on official letterhead from a community member (i.e., minister, high school guidance counselor, etc.). All additional third party letters need to be notarized by a notary public.

If approved for dependency override, you must re-affirm that your special circumstances have not changed every academic year.

## Signatures

I understand that incomplete or missing documents or forms can result in a delay of the aid process. I understand that the incomplete or missing documents or forms can result in a delay of the aid process. **Note:** if you purposely give false or misleading information, you may be fined up to $20,000, sent to prison, or both.

_____
Print student name

_____
Student signature Date

**Return this form to your regional Office of Financial Aid.**
**For office hours and locations, visit:**
**financialaid.rutgers.edu/contact**

rev. 1