



**Assumption  
University**

Office of Financial Aid

**Office of Financial Aid**  
500 Salisbury Street  
Worcester, MA 01609  
Phone: 508-767-7158  
Fax: (508) 519-1286  
Email: [fa@assumption.edu](mailto:fa@assumption.edu)

---

---

## **2021-2022 Request for a Dependency Override**

For Undergraduate Students during the 2021-2022 Academic Year

Federal financial aid regulations assume that the family has primary responsibility for meeting the educational costs of students. If you are considered a dependent student according to the federal financial aid definition, your aid eligibility is determined by using parental information in addition to your information. Dependent students are required by law to provide parental information and signature to be considered for financial aid. Congress has established seven criteria that automatically classify a student as independent. If you meet at least one of the following seven criteria, you are considered an independent student for the purposes of receiving federal student aid: (1) born before January 1, 1998, (2) a veteran of the Armed Forces, (3) enrolled in a graduate or professional degree program (beyond a bachelor's degree) in 2021-2022, (4) an orphan or ward of the court or ward of the court until age 18, (5) married, (6) have children who receive more than half of their support from you, or (7) have dependents (other than your children or spouse) who live with you and receive more than half of their support from you.

Occasionally, due to unusual circumstances such as incarceration/institutionalization of both parents and an abusive situation, students should not be considered as dependent. If you can document why you should be considered independent for some unusual reason, you may petition for a waiver of federal regulations requiring parental information. Please keep in mind that a student's reluctance to request the income information from the parents is not justification for granting an override. In addition, the unwillingness of the parents to pay or provide information is not a valid reason either. In all cases, independence must have occurred out of necessity rather than choice. A successful petition for a dependency override depends on the specific information and documentation you are able to provide to verify your situation.

Please note that submitting an appeal does not guarantee approval of the appeal and that there is no guarantee an approved appeal will result in more or different types of aid awarded to you.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
(please print)

AC ID #: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**Certification statement:** I am requesting to be considered an independent student for the purposes of determining my eligibility for federal and institutional financial aid. I understand that I must submit all requested documentation before my dependency override will be considered for the 2021-2022 academic year. By signing this form, I certify that the information on this form is truthful and accurate. If I provide false or misleading information, I understand that I may be fined \$10,000, sent to prison, or both. I understand that the Assumption University Office of Financial Aid reserves the right to request additional information. If requested, I agree to give proof that this information is correct. I authorize the Assumption University Office of Financial Aid to contact the persons named in item #8 (below) for additional or clarifying information. I will notify the Assumption University Office of Financial Aid if my circumstances change. I understand that the decision made on the basis of this petition only affects my aid application at Assumption University.

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

In order for the Assumption University Office of Financial Aid to consider you as an independent student for financial aid purposes, **you must complete this form and provide the following documentation:**

1). What is/was the most recent date that you lived with your parents? \_\_\_\_\_  
Month/Year

2). Please list parents' current addresses:

Mother (check here if deceased \_\_\_\_\_)

Father (check here if deceased \_\_\_\_\_)

Mother	
Name	_____
Address	_____ _____

Father	
Name	_____
Address	_____ _____

3). Please explain to our office any contact or frequency of contact you have had with either parent over the past year.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) Please document why you cannot provide parental information on the 2021-2022 FAFSA Form.

---

---

---

---

---

---

---

5) Please describe your living arrangements over the last year.

---

---

---

---

---

6). Please list you monthly income and expenses over the last year. *If your monthly expenses exceed your monthly income, please explain how you are financing this difference.* Please attach a separate page to this form to explain any of the following items in detail.

**Expenses**

Food	_____
Clothing	_____
Utilities	_____
Rent/Mortgage	_____
Transportation	_____
Credit Card Payments	_____
Car Loans	_____
Other Installment Debt (itemize)	_____
Other (please explain)	_____

**Total Expenses** \_\_\_\_\_

**Income**

Wages, Tips, etc.	_____
Interest & Dividends	_____
Business Income	_____
Capital Gain (Loss)	_____
Other Taxable Income	_____

**Total Income** \_\_\_\_\_

**Untaxed Income**

Social Security Benefits \_\_\_\_\_  
TANF/Welfare Benefits \_\_\_\_\_  
Child Support Received \_\_\_\_\_  
Workman's Compensation \_\_\_\_\_  
Support from others  
(please explain) \_\_\_\_\_  
Payments to tax deferred  
plans including IRA & Keogh \_\_\_\_\_  
**Total Untaxed Income** \_\_\_\_\_

7). List all of your addresses since 1/1/19 and the dates:                      From:                      To:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8). Attach statements from **two** people who are aware of your situation. At least one statement must be from a professional (i.e. high school /professional counselor, social worker, teacher, police or clergy) on agency letterhead.

Please note that the people who write up a statement on your behalf must be able to address the following items in their letters. If any of these items are missing from the letters, your appeal will be considered incomplete.

- 1). Length of time this person has known you
- 2). Relationship of this person to you.
- 3). Description of the lack of relations and inability for you to obtain information from your parents.
- 4). Length of time this person has been aware of your current situation with your parents.

Please also provide the following information for the two people providing statements.

Name	Address & Phone number	Relationship

Complete and return this form in its entirety and any supporting documentation to the Assumption University Office of Financial Aid.

Incomplete petitions will not be reviewed.

<b>Mail this petition to:</b>	<b>Fax this petition to:</b>	<b>Hand deliver this petition to:</b>
Assumption University Office of Financial Aid 500 Salisbury Street Worcester, MA 01609	(508) 518-1286	Assumption University Office of Financial Aid Admissions House