

Dependency Override Request Form

Student Name: _____ **W#:** _____

Federal law assumes that the family has the primary responsibility for meeting student's educational costs. Therefore, a student must meet certain federal criteria to qualify for financial aid as an independent student. If you do not meet one of the criteria listed on the FAFSA, you will be evaluated as a dependent student, meaning that your parents must provide income and asset information. If there are extraordinary circumstances that may warrant re-evaluation of your dependency status, provide the following information so that your financial aid administrator may make this determination. You may be asked for additional documentation depending on your individual situation. **WARNING:** If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Attach the following information to this form:

- A. Letter from you explaining: (1) the nature of your relationship with your parents; (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; and (4) how you have been supporting yourself.
- B. Statement from a responsible adult and/or a professional who is aware of your situation and can verify the facts you present in your letter.
- C. Copies of your 2024 & 2025 federal tax return or IRS tax return transcripts.
 1. Are you living at home with your parents? YES NO
 2. Did your parents claim you on their 2024 federal tax return? YES NO
 3. Did your parents claim you on their 2025 federal tax return? YES NO

| INCOME (If any amounts are zero, please explain on a separate sheet.) | 2024 | 2025 |
|--|------|------|
| Earned income (e.g., wages, salaries, tips, work-study earnings) | | |
| Financial support received from parents | | |
| Monetary value of other support (e.g., health insurance, room & board) received from parents | | |
| Monetary value of other support (e.g., room & board) from persons other than parents (indicate source) | | |
| Amount of other annual income (indicate source) | | |
| Total | | |
| EXPENSES (If any amounts are zero, please explain on a separate sheet.) | 2024 | 2025 |
| Housing | | |
| Food | | |
| Transportation (e.g., car payment, insurance, gas, maintenance) | | |
| Utilities | | |
| Child care and/or dependent care | | |
| Personal (e.g., clothing, entertainment) | | |
| Other documents to support self-sufficiency (indicate source) | | |
| Total | | |

I certify that the information above is true and complete to the best of my knowledge. I agree to give proof of the information that I have given above. I also realize that if I do not give such proof, my request will be denied, and parental data will be required for my aid application.

Student's Physical Signature: _____ **Date:** _____

To be completed by the WSU Financial Aid Office

Action: Denied Approved FAA Initials _____ Date: _____
 Comments: _____