



Financial Aid Office  
906 Oakwood Ave. NW  
Huntsville, AL 35811  
256-469-7536 Fax: 256-469-7549

Name: _____ Last First MI
Student ID# _____

### 2023-2024 Dependency Override Request Form

Submit this form along with all requested supporting letters to the Financial Aid Office. Please be advised that the information contained in this form is held in the strictest confidence and will be used to determine the outcome of your request.

Circumstances to which consideration is given are as follows:

You were voluntarily or involuntarily removed from your parent's home due to an extreme situation that threatened your health and/or safety and due to these conditions, parental support was terminated.

- Incapacity of parent(s) such as incarceration, mental or physical illness, or your inability to locate your parent(s).
- Other extenuation circumstances that can be sufficiently documented.

Circumstances to which consideration is **NOT** given are as follows:

- Parents refusing to contribute to your education.
- Parents unwilling to provide information on FAFSA application for verification.
- Parents not claiming you as a dependent for income tax purposes.
- Your demonstration of total self-sufficiency.

#### Documents needed for review

- A. A personal letter from you explaining the reason for this request which should provide as much detail as possible describing your separation from your parents. Please include the following information:
  - The whereabouts of your father and mother including their current living arrangements (if known).
  - Your current living situation.
  - The reason you cannot provide parental financial information on your 2022-2023 FAFSA.
  - Your name, Student ID or Social Security Number, and signature.
- B. Letters from two individuals who can attest to your situation. These letters must also provide as much detail as possible describing your separation from your parents. These persons must be able to provide statements from their own knowledge and /or awareness.
  - One letter on official letterhead from a professional that is not related to you- counselor, social worker, clergy or peace officer.
  - A second letter from a family member (e.g. Grandparent, Uncle, Aunt or sibling) that does not reside with you.

Each letter must be signed and include the individual's name, title or position, relationship to you, mailing address, and phone number. Submit this completed and signed form along with all supporting letters. **HBC renewal students need to only submit two letters indicating the continuing circumstances(s).**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date