



2025-2026 DEPENDENCY OVERRIDE APPEAL

NAME _____ St. Martin's Student ID# _____

The US Department of Education has given the Office of Student Financial Aid guidance regarding situations that merit a dependency override. The definition of a dependency override is a dependent student's inability to submit parental information on the Free Application for Federal Student Aid (FAFSA) due to an unusual circumstance.

The circumstances below **do not** warrant a dependency override:

- You do not live with your parents
- Your parents do not claim you on their income tax returns
- Your parents do not provide you with monetary support
- You are totally self-supporting and self-sufficient

The following circumstances **may** merit a dependency override:

- An abusive family environment (e.g., sexual, physical, or mental abuse or other forms of domestic violence)
- Abandonment by parents
- Incarceration or institutionalization of both parents
- Parents lacking the physical or mental capacity to raise the child
- The whereabouts of parents are unknown or parents cannot be located
- Parents hospitalized for an extended period
- An unsuitable household (e.g., child removed from the household)

Processing time can take 3 weeks (4 weeks during peak times). All Dependency Override requests are reviewed and processed in the date and order in which they were received by our office. You will be notified by email when your application has been processed.

THE FOLLOWING IS REQUIRED SUPPORTING DOCUMENTATION FOR ALL SITUATIONS*

- A personal letter explaining in as much detail as possible the reason you are separated from your parents. Your letter should include the whereabouts of your parents (if unknown, state "unknown"), last known contact you have had with your parents, your living arrangements over the past year(s), and who has supported you financially.
- Two letters from a professional individual not related to the student (i.e., counselor, social worker, teacher, clergy, police, etc.) that can attest to your situation. Please submit on organizations' letterhead.

* Additional documentation may be required after initial review. *

CERTIFICATION STATEMENT AND SIGNATURE

I certify that the information provided on this form is true and complete to the best of my knowledge, and I have provided all supporting documentation where applicable.

Student Signature _____ Date _____
(Required)