

Texas Southern University Office of Student Financial Assistance Phone: (713) 313-7071 | Fax: (713) 313-1859 financialaid@tsu.edu | www.tsu.edu

## 2020-2021 Dependency Override Form

## A. Completing this form.

For consideration of this waiver, you must complete this form and attach the supporting documentation listed below. Incomplete applications cannot be reviewed. Students must re-apply for a dependency override each year. The deadline date for submission of all materials is the 12<sup>th</sup> class day of the first semester of the student's enrollment for the academic year.

## **B.** Purpose of Dependency Override

According to the federal regulations, *dependent* students **are** required to use natural or adoptive parent's information only when completing the Free Application for Federal Student Aid (FAFSA). On a case-by-case basis the Office of Student Financial Assistance may make a professional judgment and waive the submission of parental information for dependent students.

By Law, The following conditions *do not* qualify as "unusual circumstances" or do not merit a dependency override (1) parents refusing to contribute to a student's education; (2) Parents unwilling to provide information on the application or for verification; (3) parents not claiming the student as dependent for income tax purposes; (4) students demonstrating self-sufficiency. *Also, a student not living with their parents does not automatically* qualify the student for a dependency override.

C. Applicant name and address (please print)				
				Email Address
Student's First and Last Name				TSU ID Number
Address	City	State	Zip	Phone Number
<ul> <li>The following is be reviewed.</li> <li>1. A brief information in 2018.</li> <li>2. Did you</li> <li>□ Yes, attacopy of</li> </ul>	letter of explana n on both parents to file a 2018 IRS tach a completed of the <b>2018 IRS</b> T	tion. The let ; indicate wir tax return? and signed 2 ax Return T	th this form for the ter must explain the whom you are 2020-2021 TSU It cranscript with the	the appeal to be considered. Incomplete appeals will not why you are requesting a dependency override; contain currently residing; and how you provided for your expenses Independent Verification standard worksheet and attach a this application and verification worksheet—not photocopies
Return <b>transc</b> i <u><b>RETU</b></u>	or Account Tran ript is not an acc RN TRANSCRI	script" link, ceptable forr PT."	or call 1-800-908 m of documenta	rn transcript go to <a href="www.IRS.gov">www.IRS.gov</a> and click on the "Order a 3-9946. Order the Tax Return Transcript, the tax account tion; verify you are requesting the, "2018 IRS TAX" and ependent Verification standard worksheet, Non-filing

Letter, and 2018 W2's or Wage and Income Transcript from the IRS (www.irs.gov)

Name:	TS	SU ID: T00	
minister, a counselor your independence f	r, the organization with which you rom your parents. All letters mu	er, the AFDC agency, a social worker, a u lived in 2018 or some other official so ust be notarized or submitted on an offer signature of the individual writing to	urce who can verify ficial letterhead for
		mation is true. If you use this form to es information, you may be fined \$10,000,	
Student's Signature:		Date:	
FOR OFFICE USE ONLY	Do not write below this line		
Action taken: Approved	Denied		
Professional judgment comm	ents:		
Reviewed by:		Date:	