FINANCIAL
AID OFFICE

1537 University blvd.
Morrilton, AR 72110

(501) 977-2055
financialaid@
uaccm.edu

www.uaccm.edu

DEPENDENCY OVERRIDE REQUEST

Federal law assumes that the family has the primary responsibility for meeting the educational costs of students. 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 a re-evaluation of your dependency status, provide the following information so that the Financial Aid Office may make this determination.

A financial aid administrator may override a student's dependency status because of "other unusual circumstances" that exist in the family, which cause parents to be unable to assist the dependent student with his/her educational expenses. "Unusual circumstances" may include, but are not limited to:

To be considered independent of your parents for financial aid purposes, you must prove that one of the following is true:

- Student has been a victim of domestic violence and no longer resides with parents;
- Student has been part of an abusive family environment (e.g., sexual, physical, or mental abuse);
- Abandonment by parents (i.e., no contact for one year and no support for at least one year);
- Incarceration or institutionalization of both parents; or
- Death of both parents (or death of only parent in a single family household)

The following circumstances **DO NOT** merit a dependency override:

- Student demonstrates total self-sufficiency;
- Parents refuse to contribute to the student's education;
- Parents are unwilling to provide information on the FAFSA or for verification;
- Parents do not claim the student as a dependent for income tax purposes

The law also requires that the determination of a dependency override be made each award year. The determination of independence for one year does not mean that the student would automatically be an independent student in a subsequent award year. The financial aid administrator must re-affirm in subsequent years that the conditions for determining the student to be independent continue to exist.

Please note that the determination by a financial aid administrator at another institution that a student should be considered independent is not binding on UACCM.

If you believe you have an unusual circumstance that would qualify you as independent from your parents, you are REQUIRED to complete the following:

- **Personal Letter** (attached) – A letter stating your extenuating circumstances, what has caused you to become independent from your parents, when you became independent and how you have provided for your own necessities (shelter, food, clothing, transportation, medical care, etc.).
- **Professional Letter** – A letter on letterhead from a guidance counselor, teacher, coach, physician, social worker, clergy, or other individuals who have been involved in the circumstances in a professional capacity. All letters need to include a telephone number and address where the individual can be reached for follow-up questions.
- **Reference Letters** (attached) – Two reference letters from third parties (friend, aunt, uncle, siblings, grandparents, etc.) who personally have knowledge of your situation and who can verify your circumstances.
- Signed copies of your 2024 and 2025 federal tax returns. If a tax return was not filed, submit a statement of non-filing from the IRS.

All of the required information must be received before an evaluation can be determined.

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PERSONAL LETTER

Name: _____ **Date of Birth:** _____
(Last Name) (First Name)

Mailing Address: _____
(Street address, P.O. Box, Rural Route, Etc.)

_____
(City) (State) (Zip) (County)

I have lived at this address since: _____
(month) (day) (year)

Describe your current relationship (even if it is non-existent) with your parent(s):

Provide the date and place your last contact with your parent(s):

Provide information on how you have been supported (who you have been living with and for how long, the kind of amount of support that has been provided to you, and any kind of income you have earned or will earn)

CERTIFICATION STATEMENT:
I certify that all of the information reported is true and complete to the best of my knowledge. I understand that if all of the information requested is not supplied, my request will be denied.

Signature: _____ **Date:** _____
(Student)

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REFERENCE LETTER #1

Applicant Name: _____ **Length of Time Knowing Applicant:** _____
(Last Name) (First Name)

To your knowledge, does the applicant receive any financial support from parents? ☐ Yes ☐ No

Please provide a detailed statement that explains your knowledge of the applicant's unusual circumstances that has prompted a request to change his/her dependency status for financial aid purposes. Include information regarding the applicant's relationship with his/her parents, why they are unable to contribute to the applicant's education, and any additional information that will distinguish the applicant's situation as out of the ordinary. You may use the back of this form if additional space is needed.

I certify that the information reported is true and complete to the best of my knowledge. I understand that I may be contacted for further information or clarification.

Reference Name: _____ **Relationship:** _____
(Full Name)

Mailing Address: _____
(Street address, P.O. Box, Rural Route, Etc.)

_____
(City) (State) (Zip) (County)

Best Time To Contact: _____

Work No.: _____ **Home No.:** _____

Signature: _____ **Date:** _____
(Reference)

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REFERENCE LETTER #2

Applicant Name: _____ **Length of Time Knowing Applicant:** _____
(Last Name) (First Name)

To your knowledge, does the applicant receive any financial support from parents? ☐ Yes ☐ No

Please provide a detailed statement that explains your knowledge of the applicant's unusual circumstances that has prompted a request to change his/her dependency status for financial aid purposes. Include information regarding the applicant's relationship with his/her parents, why they are unable to contribute to the applicant's education, and any additional information that will distinguish the applicant's situation as out of the ordinary. You may use the back of this form if additional space is needed.

I certify that the information reported is true and complete to the best of my knowledge. I understand that I may be contacted for further information or clarification.

Reference Name: _____ **Relationship:** _____
(Full Name)

Mailing Address: _____
(Street address, P.O. Box, Rural Route, Etc.)

_____
(City) (State) (Zip) (County)

Best Time To Contact: _____

Work No.: _____ **Home No.:** _____

Signature: _____ **Date:** _____
(Reference)