Dependency Override Application Information

1. **What is a dependency override?**
   A dependency override occurs when a Financial Aid administrator overrides the requirement for parent information due to extreme circumstances such as documented abuse or abandonment by the parent. A dependency override at the University of Hartford is determined on a case-by-case basis depending on the situation, the supporting documentation provided, and whether the situation is reason enough for a student to be considered independent rather than dependent.

   **Dependency override applications must be approved yearly.**

2. **What conditions do not merit a dependency override?**
   None of the conditions below, separately or in combination, qualify as unusual circumstances or merit a dependency override. We will not be able to approve an override for the following circumstances:
   - Parents refuse to provide information on the FAFSA and/or for the Verification process.
   - Parents do not claim the student as a dependent for income tax purposes.
   - Parents refuse to contribute to a student’s education (i.e. pay tuition/fees, etc.)
   - A dependent student who demonstrates self-sufficiency.
   - A student who does not wish to communicate with parents.
   - A student previously considered independent for financial aid purposes, but who is not meeting the 2017-2018 criteria.

3. **What happens next?**
   Once we receive all of the documentation required, your application will be reviewed by the Professional Judgment Committee.
   If additional documentation is required you will be notified via University of Hartford email. Documents must be submitted within 20 business days from the date of notification. If your appeal is approved, your FAFSA will be processed as an independent student for this academic year. If your appeal is denied, you will be required to correct your FAFSA with parental information and a parent signature.

4. **What can you do if your parents refuse to help?**
   The federal government considers it the family's responsibility to pay for higher education but may provide financial assistance if the family is unable to pay the full cost of education. It is an unfortunate reality that a parent refusal may prevent students from paying for their education until they meet the independent student definition. Here is some additional information to share with your parents:
   - Remind your parents that submitting their information on FAFSA does not obligate them to pay your bill or provide you support, but their refusal will prevent you from receiving most financial aid.
   - If your parents are concerned about their privacy, remind them that the confidentiality of student records, including financial aid information, is protected by the Family Education Rights and Privacy Act (FERPA). The University of Hartford cannot release information unless previously approved under FERPA regulations.

Continued on next page
A. Student Information

Name____________________________________________________________  ID #_________________________________________

Address_________________________________________________________  Date of Birth _______________________________

City ________________________________  State _______  Zip Code ________________  Phone _________________________

B. Dependency Override Request:

All dependency override requests require the following documentation. Be as specific as possible.

☐ Detailed explanation of your situation and how your support yourself

☐ Separate statements (either notarized or on the included Reference Sheet) from three adult relatives/family friends who have first-hand knowledge of the history and current status of your situation and who can verify your circumstances.

☐ Supporting statement on letterhead, notarized, or on the included Reference Sheet from a high school counselor, social worker, clergy, psychologist, psychiatrist, or other professional third party.

☐ Legal or court documentation of abandonment, abuse, etc.

☐ Copy of your 2015 IRS Tax Return Transcript (obtained by calling the IRS at 1-800-908-9946 or logging on to www.irs.gov and clicking the link under Tools to ‘Order a Tax Return Transcript.’)

☐ Copies of your W2’s for 2015 if you worked (regardless of whether or not you filed taxes)

☐ Verification Worksheet (available at admission.hartford.edu/finaid)

C. Please answer the following questions:

1. Regarding your mother and father, when is the last time you:
   a. Lived with (from month/year to month/year)
      Mother _____________________________________________Father _____________________________________________
   b. Had contact with (month/year)
      Mother _____________________________________________Father _____________________________________________
      Explain the nature of contact:
      ________________________________________________________________________________________________
      ________________________________________________________________________________________________

200 Bloomfield Avenue, West Hartford, CT 06117  |  P: 860.768.4296  |  F: 860.768.4961

Student ID Number ____________________
2. Regarding your mother and father, to your knowledge, where are they living?
   Mother __________________________________________________________________________________________________________
   Father __________________________________________________________________________________________________________

3. Who is currently supporting you financially?
   Name: ________________________________ Address ______________________________________________________________________

4. Explanation of Circumstance: Explain in detail your unique circumstances that you believe provide a basis for a dependency status override. Be sure to address your situation regarding both your mother and father. Attach an additional sheet if necessary. Be specific.
   ______________________________________________________________________________________________________________________
   ______________________________________________________________________________________________________________________
   ______________________________________________________________________________________________________________________
   ______________________________________________________________________________________________________________________
   ______________________________________________________________________________________________________________________

CERTIFICATION AND SIGNATURE
By signing this application, I certify that all of the information reported on this application is complete and correct.

Student Signature ________________________________ Date _____________

Please complete and submit to:
University of Hartford, Financial Aid, 200 Bloomfield Avenue, West Hartford, CT 06117
Contact the Office of Student Financial Assistance at (860)768-4296 or via fax (860)768-4961 or email finaid@hartford.edu
Reference Worksheet – Dependency Override Application  
University of Hartford  
Complete and submit to finaid@hartford.edu or via fax to (860) 768-4961

A. Student Information

Name____________________________________________________    UHart ID #_________________________________________

B. Reference Information:

This form should be completed by the family member(s), family friend(s), and a third party professional (counselor, minister, teacher, etc.) who has first-hand knowledge of the student’s situation and who can corroborate and verify the circumstances that necessitate the student’s application for a dependency override. 

Please make additional copies as necessary. Attach additional sheets, if necessary.

1. How long have you known the student:
   __________________________________________________________________________________________________________

2. What is your relationship to the student?
   __________________________________________________________________________________________________________

3. If you are a third party professional, please indicate where you work:
   __________________________________________________________________________________________________________

4. Explain what you know of the student’s current relationship/contact with his or her parents and any relative background information that you have regarding the history that has led to the current circumstance:
   __________________________________________________________________________________________________________
   __________________________________________________________________________________________________________
   __________________________________________________________________________________________________________
   __________________________________________________________________________________________________________

5. To your knowledge when is the last time the student had contact with his or her mother?
   __________________________________________________________________________________________________________

6. To your knowledge when is the last time the student had contact with his or her father?
   __________________________________________________________________________________________________________

7. Please explain the nature of contact with his or her mother and/or father.
   __________________________________________________________________________________________________________
   __________________________________________________________________________________________________________
   __________________________________________________________________________________________________________

8. Explain why you believe the student is unable to provide information from his or her parents?
   __________________________________________________________________________________________________________

By signing this statement, I certify under penalty of perjury that the information I have reported on this form is accurate and complete. I understand that purposely giving false or misleading information to qualify a student for federal student aid is a federal offense than can result in fines and/or incarceration.

Signature: ___________________________________________  Date: __________________________