



## 2026-2027 Dependency Override Form

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

The US Department of Education has given the Financial Aid Office guidance regarding situations that do and do not qualify as an unusual circumstance that would 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 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
- Parents whereabouts unknown or parents cannot be located
- Parents hospitalized for an extended period
- One or both of parents are deceased
- Married student's spouse dies or student gets divorced

The following circumstances DO NOT merit a dependency override:

- Parents refusal to contribute to the student's education.
- Parents are unwilling to provide information on the Free Application for Federal Student Aid (FAFSA) or for verification.
- Parents do not claim the student as a dependent for income tax purposes.
- Student demonstrates total self-sufficiency.

The following is needed for a student to apply for a Dependency Override:

1. 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 (this includes holidays and birthdays), your living arrangement over the past year(s) and who has supported you financially. Please note: if one of your parents has died, you should include a copy of the death certificate along with your appeal.
2. A letter from someone who can attest to your situation. The letter should support the information you submitted regarding your situation and list any additional details.
3. A letter from a professional individual not related to the student – counselor, social worker, teacher, clergy, police, etc. Please submit on organization letterhead.
4. A completed and signed 2026-2027 FAFSA
5. A copy of the students' 2024 and 2025 Federal Tax Return Transcript and/ or all W2's/1099's (this includes social security benefits received on behalf of the student).

6. Please complete the following information:

Did anyone claim you on their Federal Income Tax Return?

No

Yes - Person's Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Year(s) \_\_\_\_\_

Did you receive TANF, SNAP, or Social Security Benefits in 2024 and/or 2025?

2025: No \_\_\_ Yes \_\_\_

If yes, list the name(s) of the source, how much you received PER MONTH, and the number of months you received the benefit in 2025.

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Number of months received: \_\_\_\_\_

2024: No \_\_\_ Yes \_\_\_

If yes, list the name(s) of the source, how much you received PER MONTH, and the number of months you received the benefit in 2024.

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Number of months received: \_\_\_\_\_

7. Provide the following information regarding your monthly expenses for 2024 and 2025:

Expense	2024	2025
Housing (rent/ mortgage)		
Child Care		
Food		
Utilities		
Credit Card(s)		
Medical/ Dental		
Clothing		
Auto (includes payments, insurance, and maintenance)		
Other Personal Expenses		
<b>Total Monthly Expenses</b>		
<b>Total Annual Expenses</b>		

**All required documentation must be submitted at the time the appeal is submitted for it to be processed. Images (JPEG, GIF, PNG) of documents WILL NOT BE ACCEPTED.**

**Certification and Signatures:**

Each person signing this worksheet certifies that all the information reported on it is complete and correct.

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

***Do not mail this worksheet to the U.S. Department of Education. Submit this worksheet to:***

**King's College**

**Financial Aid Office**

**133 North River Street**

**Wilkes Barre, PA 18711**

**Phone 570-208-5868 FAX: 570-208-6015**