



2024-2025 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 lack 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 parents are deceased.
- A 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.
- A 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 2024-2025 FAFSA
5. If applicable, a copy of the student's 2023 Federal Income Tax Return and/or all W2's/1099's (this includes social security benefits received on behalf of the student).
6. **Please do not send photos or images (JPEG, GIF, PNG) of your documentation. Documents can be submitted in person, mailed, or attached as a PDF and emailed to finaid@kings.edu.**

6. Please complete the following information:

a) Did anyone claim you on their 2023 Federal Income Tax Return?

No ___ Yes ___ (*If yes, please provide the following information*):

Person's Name: _____

Relationship to Student: _____

Tax Year(s) _____

b) Did you receive TANF, SNAP, or Social Security Benefits in 2023?

No ___ Yes ___ (*If yes, please provide the following information*):

List the name(s) of the source, how much you received PER MONTH, and the number of months you received the benefit in 2023.

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

7. Provide the following information regarding your monthly expenses for 2023:

Expense	2023
Housing (rent/ mortgage)	
Childcare	
Food	
Utilities	
Credit Card(s)	
Medical/ Dental	
Clothing	
Auto (includes payments, insurance, and maintenance)	
Other Personal Expenses	
Total Monthly Expenses	
Total Annual Expenses	

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

Please return this form to:

**King's College
Office of Financial Aid
133 North River Street
Wilkes Barre, PA 18711
Email: finaid@kings.edu**