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 do not merit a dependency override:

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

However 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
- an unsuitable household (e.g., child removed from the household and placed in foster care)
- married student’s spouse dies or student gets divorced

The following is needed in order 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. You letter should include the whereabouts of your parents (if known, 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 can 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 organizations letterhead. Please note: this letter cannot be from an individual from Keystone College.

4. A completed and signed 2018-2019 FAFSA

5. A signed and dated copy of the student’s 2016 Federal Income Tax Return and/or all W2s/1099s (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?
   o No
   o Yes Person’s Name: ______________________________________
      Relationship to Student: _________________________________
      Year(s) _______________________________________________

Did you receive TANF, SNAP, or Social Security Benefits in 2018?
   o No
   o Yes List the name(s) of the source, how much you received PER MONTH, and the number of months you received the benefit in 2016.
      Source: ________________________________
      Amount: $_________________
      Number of Months Received: _____________________

7. Provide the following information regarding your monthly expenses for 2017:

<table>
<thead>
<tr>
<th>Expense</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing (rent/ mortgage)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Credit Card(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical/ Dental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clothing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Auto (includes payments, insurance and maintenance)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Personal Expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Monthly Expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Annual Expenses</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Certification and Signatures

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student and one parent must sign and date.

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

All documentation required must be submitted at the time the appeal is submitted in order for it to be processed. Incomplete applications will not be processed.

Do not mail this worksheet to the U.S. Department of Education.
Submit this worksheet to:
Keystone College
Student Central
One College Green
LaPlume, PA 18440-0200
Fax: 570-945-8967
studentcentral@keystone.edu

You should make a copy of this worksheet for your records.