

## Financial Aid: Appeal to Dependency Status

The U.S. Department of Education determines each student's dependency status based on the information provided on the FAFSA. Students may submit an appeal to NOVA requesting that their dependency status be overridden, but such an appeal can only be approved in certain limited and exceptional circumstances. Unwillingness and/or inability of your parents to financially support you, or living on your own are not by themselves considered to be exceptional circumstances. A previously approved dependency appeal will rollover to future academic years as long as the circumstances of the appeal do not change.

### Appeal to Dependency Status

An appeal to your dependency status may be warranted if an unusual, mitigating circumstance exists between you and your parent(s). This cannot be based on whether your parent(s) refuse to complete the FAFSA (in such cases see the instructions at the bottom of this page). It must be based on an unusual circumstance. Possible reasons that might warrant an appeal to your dependency status are listed below:

1. Your parent(s) is/are incarcerated.
2. Your parent(s) live(s) in a war-torn country, and you are unable to communicate/correspond with them.
3. Your parent(s) is/are mentally incapacitated.
4. You are estranged from your parent(s) because of an abusive relationship.
5. Other mitigating circumstances as documented by the applicant.

### Instructions for Requesting a Dependency Override

1. On a separate sheet of paper, clearly explain the circumstances regarding your request for independent status. **Please include the names of each parent, the date, location, and reason for your last contact with your parent(s) and the method of contact (person, phone, email, social media etc.).** If both biological parents are living, and you have not been adopted by someone else, you must include this information for each biological parent.
2. Provide a statement from an objective third-party professional who can confirm your circumstances. This should be from a clergy member, counselor, social worker, lawyer, court, police officer, physician etc. typed on their official letterhead and physically signed. If they are unable to provide the statement on letterhead, please include their business card with the statement. If you are unable to get documentation from someone in a professional capacity, you may provide **notarized** statements from two (2) individuals who have no material interest in the case who can confirm your circumstances. Additional documentation or statements may be required if there is any reason to question the documentation provided.
3. Complete the information on the back of this form. You may be requested to provide your most recent tax returns and/or W-2s.
4. **Complete the current FAFSA at <https://studentaid.gov> without parental information, electronically sign and submit the FAFSA.** If your appeal is approved, the dependency override will be performed electronically by the school updating the FAFSA to reflect the dependency status change.

**Note:** You will be notified of the Appeal Committees decision within two weeks. The Financial Aid Office may request additional information from you before a decision is made.

I am requesting a review of my dependency status for the award year: 20\_\_\_\_ - 20\_\_\_\_

**Student Name:** \_\_\_\_\_ **NOVA Student ID:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
**Street** **City** **State** **Zip**

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Parent 2 Name: \_\_\_\_\_

When did you last live with your parents? Month: \_\_\_\_\_ Year: \_\_\_\_\_

When did you last receive financial support from your parent(s)? Month: \_\_\_\_\_ Year: \_\_\_\_\_

Who do you live with at the present time? \_\_\_\_\_

**CURRENT EXPENSES:** Estimate your current monthly expenses below and how they are covered.

| Expenses       | Monthly Cost | Who Pays or Provides |
|----------------|--------------|----------------------|
| Housing        |              |                      |
| Utilities      |              |                      |
| Food           |              |                      |
| Clothing       |              |                      |
| Transportation |              |                      |
| Medical        |              |                      |
| Personal       |              |                      |

**CURRENT INCOME:** Types of income are listed in the first column.

| Types of Income | Monthly Income | Source(s) |
|-----------------|----------------|-----------|
| Wages           |                |           |
| Interest        |                |           |
| Dividends       |                |           |
| Untaxed Income  |                |           |
| Cash Support    |                |           |
| Other           |                |           |

## Student Certification

Read carefully, sign and date.

I hereby certify that all information contained in this appeal, including my personal statement and other documentation, is true and complete to the best of my knowledge. I affirm that I have not knowingly or intentionally provided any false statements or fraudulent documentation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_