

# DEPENDENCY APPEAL FORM

## Office of Financial Aid & Scholarships

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Student's Last Name	First Name	Date of Birth	UTM Student ID #												
		/ /													
UTM Email Address		Phone Number:													

### Reasons for Dependency Appeal/Override

If you are considered a dependent student according to Department of Education guidelines and believe your circumstances qualify you as an independent student, you can appeal your dependency status. Unusual circumstances may include:

- physical or emotional abuse
- abandonment
- an abusive family environment that threatens your health or safety
- parental mental incapacity
- unable to locate your parents
- other such situations beyond your control

**NONE** of the conditions listed below qualify as circumstances meriting a dependency override:

1. Parents refuse to contribute to your education.
2. Parents are unwilling to provide information on the FAFSA or for verification.
3. Parents do not claim you as a dependent for income tax purposes.
4. You demonstrates total self-sufficiency.

### How to File a Dependency Appeal/Override

1. **FAFSA**—Submit your FAFSA, and use the Data Retrieval Tool if you filed taxes. Exclude your parental information. File at [www.fafsa.ed.gov](http://www.fafsa.ed.gov)
2. **FORM**—complete and submit this form
3. **STATEMENT**—Provide a signed, detailed, personal statement describing your circumstances and your relationship with your parent(s)/step-parent(s)
4. **INCOME/SUPPORT**—If you did not file taxes, please include a complete list of sources of income and support. If you filed your taxes, but were unable to use the Data Retrieval Tool, please submit your tax transcript.
5. **VALIDATION**—Provide signed statements explaining your circumstances from two or more professional (clergy, court officials, guidance counselors, teachers, professors, doctors, family counselors, mental health professionals, or law enforcement officers).

**Note:** If you were approved for a Dependency Appeal/Override for the prior year, please complete steps 1-4. **NOTE:** The statement for Step 3 could be that your situation has not changed).

My signature below certifies the information I have provided in this appeal is true and complete to the best of my knowledge. I have not knowingly or intentionally provided any fraudulent documentation. I understand if I am found to have knowingly or intentionally given false statements or fraudulent documentation, my appeal will be denied, and my eligibility for financial aid may be terminated.

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

#### For Office Use Only

FAO Signature:	Decision:
Processed Date:	Transaction Number: