

**If you received a determination that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless, DO NOT complete this form.** Instead, complete the homeless verification form ([eou.edu/fao/fao-forms](http://eou.edu/fao/fao-forms)).

Student First and Last Name:

EOU Student ID: 910-

Phone Number: (     )     -

Date of Birth:     /

EOU E-mail:

@eou.edu

### Introduction, Authority, and Definitions

Federal student aid programs are based on the principle that the primary responsibility for financing your education lies with your family. Many self-supporting students incorrectly assume themselves to be independent. Unless you can answer yes to at least one question in step three of the FAFSA, federal law requires parental information on your FAFSA and you will be considered a dependent student for financial aid purposes.

However, financial aid administrators have the authority, through Section 480(d)(7) of the Higher Education Act, to change a student's status from dependent to independent in cases involving unusual circumstances.

**The following conditions, individually or in combination, do NOT merit a dependency override:**

- ❖ parents' refusal to contribute to your education
- ❖ parents' unwillingness to provide information on the FAFSA or verification
- ❖ parents do not claim you as a dependent for income tax purposes
- ❖ your ability to demonstrate total self-sufficiency
- ❖ you do not live with your parents
- ❖ you do not want your parents' assistance to pay for college
- ❖ your parents live in another country

Although these circumstances are not sufficient for a dependency override, they do not preclude it. Sometimes there are additional circumstances that occur in conjunction with these circumstances that do merit a dependency override.

**Circumstances that MAY be considered for a dependency override include the following:**

- ❖ an abusive family environment (e.g., sexual, physical, or mental abuse or other forms of domestic violence)
- ❖ parental drug or alcohol abuse
- ❖ severe estrangement or irreconcilable differences in the family
- ❖ abandonment by parents
- ❖ incarceration or institutionalization of both parents
- ❖ parents lacking the physical or mental capacity to raise the student
- ❖ 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
- ❖ your parents reside in a foreign country and are unable to communicate with you because of a political policy, war, or civil unrest

**Application**

If your relationship with your parents is untenable, because of the involuntary dissolution of familial bonds, and collecting the required parental information for the FAFSA is either impossible or would cause an adverse effect on you due to one of the above listed scenarios or a similar dysfunction, please complete this form and attach **ALL** required documentation.

Appeals submitted without supporting documentation will be denied. A dependency override will only be granted if there are **verifiable, extenuating circumstances** that prevent a student from having contact with his or her parents. Only one appeal per academic year is permitted, and the decision is final. Appeals must be renewed every year that you wish an override to be considered.

**REMEMBER:** The success of your request for independent status depends upon you and what information you provide. Please provide all requested information. All information will be kept confidential and will only be used to determine your dependency status for financial aid purposes.

**Statement**

Explain in brief the unusual circumstance that you believe makes you an independent student.

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**Fill in this bubble, if you need and intend to attach a separate piece of paper to explain your circumstance(s).**

**Questions**

month year

1. When was the last time that you lived with a parent? \_\_\_\_/\_\_\_\_
2. When was the last time that you had contact with a parent? \_\_\_\_/\_\_\_\_
3. When was the last time that a parent provided any form of support? \_\_\_\_/\_\_\_\_
4. In which year were you last claimed by a parent as a dependent on a federal tax return? \_\_\_\_\_
5. Are you included as a dependent under a parent's medical plan?  Yes  No
6. What are your present living arrangements?
  - a. With whom do you live?
  - b. How long has this arrangement been in place?

**Self-supporting Determination**

Note that a student who qualifies as independent does not need to be self-sufficient, nor does a student need to be self-supporting for a financial aid administrator to perform a dependency override. However, cash support from people other than the student’s parents (including amounts paid by other people for bills in the student’s name) should be reported as untaxed income on the student’s FAFSA.

In-kind support (e.g. bills paid that are not in your name, and for which you have no legal responsibility, but from which you benefit, such as rent for an apartment in which you live, even though you are not on the lease) may be considered on a case-by-case basis as untaxed income.

For these reasons, please **complete the following monthly budget worksheet to the best of your ability**. Please include who pays, if it is NOT yourself, and indicate if the bill is NOT in your name.

**Budget**

Free guidance in making informed financial choices is available online through [www.cashcourse.org](http://www.cashcourse.org).

Income	Monthly Amount	Source
Scholarships and Grants		
Wages		
Loans		
Unemployment Benefits		
Cash Support		
Public Assistance (TANF, SNAP, etc.)		
Untaxed Social Security and/or SSI		
Child Support		
<b>Total Income:</b>		

Expenses	Monthly Amount	3 <sup>rd</sup> party pays
<b>Housing</b>		
Rent or mortgage		
Utilities (electricity, heat, water)		
Condo/homeowner’s association fees		
Property taxes (if not included in mortgage payment)		
<b>Savings Goals</b>		
Emergency fund		
Other saving goals (car, computer, vacation, etc.)		



Expenses	Monthly Amount	3 <sup>rd</sup> party pays
Retirement		
<b>Insurance</b>		
Health insurance		
Homeowner's or renter's insurance		
Auto insurance		
Life insurance		
Disability insurance		
<b>Credit Cards</b>		
Monthly payment		
<b>Student Loans</b>		
Monthly payment		
<b>Other Loans</b>		
Monthly payment		
<b>Medical Expenses</b>		
Doctor/dentist office visit copays		
Uncovered expenses		
Prescription drug costs or copays		
Over-the-counter medications		
Contact lenses or glasses		
<b>Food and Beverages</b>		
Groceries		
Restaurants		
Alcohol		
<b>Transportation</b>		
Car payments		
Car maintenance		
Gas		
Car washes		
Parking		
Ride share/taxis		
Public transportation		
Other		
<b>Charitable Contributions</b>		



Expenses	Monthly Amount	3 <sup>rd</sup> party pays
Donations		
Tithing		
Other		
<b>Clothing</b>		
General clothing		
Workplace attire		
Shoes		
Accessories		
Other		
<b>Communications</b>		
Cell phone		
Other		
<b>Technology</b>		
Internet		
Software programs and video games		
Tech accessories		
Other		
<b>Television</b>		
Cable		
Video streaming subscriptions		
Other		
<b>Travel</b>		
Hotels		
Flights/rail/car costs		
Food		
Tickets to shows, sporting events, museums		
Pet/house sitting		
Other		
<b>Entertainment</b>		
Movies		
Bars/clubs		
Concerts		
Sporting events		



Expenses	Monthly Amount	3 <sup>rd</sup> party pays
Hosting parties		
Other		
<b>Personal Care</b>		
Health club/gym membership		
Toiletries		
Haircuts		
Other		
<b>Pets</b>		
Food		
Vet bills		
Groomer fees/boarding costs		
Toys and collars		
Medicine		
Other		
<b>Gifts</b>		
Birthdays		
Holidays		
Other		
<b>Other Expenses</b>		
<b>Total Monthly Expenses:</b>		

<b>Monthly Income – Monthly Expenses:</b>	
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### Personal Statement

**Attach to this appeal form a signed, personal statement that describes your situation in your own words.** Include all relevant details, including names, dates, and places. Please cover the following points, at a minimum.

7. What extenuating circumstance(s) qualify you for an exception to the basic federal definition of an independent student?
8. Describe in detail your current relationship with each of your parents. If you are estranged from your parents, provide a detailed account of the circumstances which led to the estrangement. Please include dates of when these circumstances occurred.
9. How have you supported yourself from the time your parent(s) ceased supporting you until now?
10. How stable is your living situation?

### Supporting Documentation

Each situation will involve diverse documentation. Some documentation you may already have, such as court documents, marriage licenses, or death certificates. Others may not be as easy to retrieve, such as a statement or advisory from a governmental agency that confirms policies or civil unrest that restrict communication and/or transfer of funds between nations. But most supporting documentation will fall somewhere in-between, such as police reports, medical records, or other court documents that you do not have on hand, and may take some time for the agency to retrieve the documents for you. There might also be a cost for you to get copies of documents.

Some documents are also very large, and the bulk of what is contained within is not relevant to your appeal. You can submit the essence of what the document is intended to do and the proof of legality, such as the judge's signature and record of filing, without sending hundreds of pages. We do not want you to incur significant expenses in retrieving and sending information to support your appeal. Please use your judgment in determining what documents will work best for you to support your statement and appeal for independent status.

**Our policy requires three independent sources of verification.** You may select three in any combination, so long as that option is not limited.

① Any legal or official document that supports your statement is acceptable. Examples include, but are not limited to documentation that a parent is deceased, institutionalized, or incarcerated, that there is a protection/restraining order that prohibits you from having contact with your parents, or other legal documentation that would explain why parental information should not or cannot be obtained.

② You may also use professional references. Letters from professionals (i.e. counselors, teachers, attorneys, doctors, social workers, clergy members, law enforcement officers, officers of the court, mental health professionals, therapists, coaches, etc.) that know you professionally and your situation, and can explain it in detail, must be on official letterhead or agency stationery from that person's place of employment and include his or her professional title, full address, and phone number. You may also attach his or her business card. The letter must state the reason for the involuntary dissolution of your family. It must also contain a certification that in the professional's opinion, it was in your best interest (physical, mental, or otherwise) to leave the home environment. The letter **MUST** be signed by the person writing the statement.



3 You may submit as supporting documentation only one non-professional reference. Please use the Dependency Override Third Party Statement Form (download from [goo.gl/7CgR5H](http://goo.gl/7CgR5H)). If a letter is submitted instead, the letter must state the relationship of the individual writing the statement for you, the date the individual met you, the date the individual first learned of your circumstances, and an explanation of your individual circumstances and the relationship that you have with your parents. The letter MUST be signed by the person writing the statement and notarized by a notary public.

**Please list your supporting documents, when requested, and sender, if applicable.**

- Your personal statement
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

If you asked anyone to independently submit documents on your behalf, please provide that information here:

Name	Address	Relationship to You

**Additional Requirements**

- A. EOU's federal school code (003193) must be on your processed 2022-23 FAFSA.
- B. If you filed a tax return, you must have successfully used the IRS Data Retrieval Tool (DRT) on your FAFSA or supply a copy of your 2020 IRS tax *return* transcript with this appeal form.
  - ❖ You can obtain your free IRS transcripts from [www.irs.gov/individuals/get-transcript](http://www.irs.gov/individuals/get-transcript).
- C. If you did not file, and were not required to file a 2020 tax return, please attach to this appeal form a verification of non-filing letter and a 2020 IRS wage and income transcript.
  - ❖ Instructions for getting verification of non-filing can be found online at [goo.gl/Rn57ub](http://goo.gl/Rn57ub).

Additional FAFSA Information	Are you a dislocated worker?	<input type="radio"/> Yes <input type="radio"/> No
	Balance of cash, savings, and checking on the day you submitted your FAFSA?	
	Net worth of investments? Do not include your home or retirement accounts.	
	Net worth of business or farm. Do not include family farms or businesses with fewer than 100 full-time employees.	

**Student Certification**

**Read carefully before you sign.**

I hereby certify that ALL information contained in this appeal for independent status, including my personal statement and other documentation, is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of any information that I have indicated on this form. I realize that if I do not give proof when asked, or if I provide information in future years that invalidates this information, further eligibility for financial aid may be revoked and I may owe monies in return.

I affirm that I have not knowingly or intentionally provided any false statements or fraudulent documentation. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my appeal will be denied and my eligibility for federal and state student aid jeopardized. I authorize Eastern Oregon University's Financial Aid Office to verify any information provided by me pertaining to my financial aid eligibility and dependency status, and to make corrections to my FAFSA.

**Note:** Federal regulations stipulate that suspicion of fraud must be reported to the U.S. Department of Education for possible investigation by the Office of the Inspector General and possible prosecution by the United States Attorney General. If you purposely give false or misleading information, you may be fined, sentenced to jail, or both.

**Student's Signature (Required)**

**Date**

All submitted documents become part of your official record and therefore cannot be returned. Documents that become part of your Educational Record are protected for privacy under federal law (FERPA).

Please submit to: EOU FINANCIAL AID OFFICE, INLOW HALL STE 104, ONE UNIVERSITY BLVD,  
LA GRANDE, OR 97850-2807

Fax: 541-962-3661; eFax: 541-962-3095;

**Questions?** Call 541-962-3550;  
E-mail: [fao@eou.edu](mailto:fao@eou.edu).

Secure Document Upload: [static.eou.edu/share-file/financial-aid.html](http://static.eou.edu/share-file/financial-aid.html)

FAO USE ONLY

Determination:

Date: \_\_\_/\_\_\_/\_\_\_\_\_

FAA Making Determination: \_\_\_\_\_

Reviewed: \_\_\_\_\_

[b.link/mj4xyq](http://b.link/mj4xyq) | [goo.gl/kJyK2h](http://goo.gl/kJyK2h) | [b.link/gen0307](http://b.link/gen0307) | [b.link/gen1115](http://b.link/gen1115)