

2007-2008 Dependency Override Request

Are you an independent student for financial aid purposes?

Federal regulations indicate a student is considered to be Independent if one or more of these applies.

- Is your date of birth **before** January 1, 1984?
- Are you a veteran of any branch of the United States military forces?
- Are you an orphan or ward of the court?
- Were you married at of the time you completed the FAFSA?
- Will you be a graduate or professional student during the 2007-2008 year?
- Do you have legal dependents other than a spouse?

There are times when a student does not meet any of the above criteria, yet the student has been and continues to be totally emancipated from any and all parental support. Such a student has not received direct nor indirect monetary support for an extended period and will not receive any type of direct or indirect financial assistance from a parent/parents.

What is considered parental support?

Any direct cash support, cash in kind, gifts, car payments, lower car insurance premiums, car repairs, car maintenance, medical and/or dental payments, insurance for medical and/or dental, educational costs, lower than market rent value (if you are living at home and paying rent), and any and all other form of financial support provided to you by your parent(s) is considered parental support. If you receive any type of parental support, you *will not* be considered an Independent student for financial aid purposes.

What do you need to do if you do not meet the federal guidelines for independence yet you do not receive parental support?

If you do not meet one or more of the listed criteria to be considered independent but still wish to be considered an independent student, you may ask for an evaluation of your dependency status. To meet the requirements of the Dependency Override provision, you must **meet and document** the following requirements.

- You must have lived apart from your parent(s) during the entire 2004, 2005, and 2006 calendar years and you must be living apart from your parent(s) now. ***Please note: Choosing to live in Waterview Apartments located on the University campus or close to campus for convenience of transportation is not considered.***
- You must have earned at least \$8,000 in 2004, 2005, and 2006.
- You must not have been claimed as an exemption on your parent(s) 2004, 2005, and 2006 income tax returns.

You must submit a written explanation outlining the reason(s) you wish to be considered for a Dependency Override. Your written explanation must provide as much detail as possible. Attach documentation to substantiate your statement.

**COMPLETE ALL SECTIONS BELOW, SIGN WHERE INDICATED,
AND ATTACH DOCUMENTATION**

DOCUMENTS REQUIRED

- | | | |
|---|--|-----------------|
| <input type="checkbox"/>] PROOF OF INCOME | Income Earned from Work | \$ _____ |
| <input type="checkbox"/>] 2004 Student Tax Return | Income from AFDC | \$ _____ |
| <input type="checkbox"/>] 2005 Student Tax Return | Income from Social Security Benefits | \$ _____ |
| <input type="checkbox"/>] 2006 Student Tax Return | | |
| <input type="checkbox"/>] PROOF OF EXEMPTIONS | Income from Food Stamps | \$ _____ |
| <input type="checkbox"/>] 2004 Parent Tax Return | Income from Child Support for all children | \$ _____ |
| <input type="checkbox"/>] 2005 Parent Tax Return | Income from Gifts | \$ _____ |
| <input type="checkbox"/>] 2006 Parent Tax Return | | |
| <input type="checkbox"/>] PROOF OF RESIDENCE | Income for Housing, Food, Misc. | \$ _____ |
| <input type="checkbox"/>] 2004 Lease agreement (student's) | Income from financial aid | \$ _____ |
| <input type="checkbox"/>] 2005 Lease agreement (student's) | Income from all sources of scholarships,
fellowships, grants, teaching assistantships | \$ _____ |
| <input type="checkbox"/>] 2006 Lease agreement (student's) | | |
| <input type="checkbox"/>] Proof of Parent's Address | Total Income and Benefits for 2006 | \$ _____ |
| | | |
| <input type="checkbox"/>] PROOF OF AUTOMOBILE OWNERSHIP | | |
| <input type="checkbox"/>] Registration or title | | |
| <input type="checkbox"/>] Automobile insurance in student's name | | |
| | | |
| <input type="checkbox"/>] PROOF OF HEALTH INSURANCE | | |

Will you receive any financial support, direct or indirect, during the 2007-2008 academic year? NO YES

If YES: List Source(s) and amount from source: _____

My parent(s) reside at _____ City _____ State _____

I certify that all information and documentation submitted is true and correct to the best of my knowledge.

Student's Signature

Date

Privacy Statement:

With few exceptions, you are entitled on your request to be informed about the information U. T. Dallas collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have U. T. Dallas correct information about you that is held by us and that is incorrect.

Social Security Disclosure:

Disclosure of your Social Security Number (SSN) or UTD Identification Number is requested because it is unique identification number which is maintained for the purpose of ensuring tracking and accuracy of student information. The disclosure of such information is voluntary. Disclosure of your Social Security Number or UTD Identification Number will be governed by the Public Information Act (Chapter 552 OF the Texas Government Code).

