

2026 - 2027 Dependency Status Override Application

Students completing the Free Application for Federal Student Aid (FAFSA) must do so in accordance with federal regulations. Federal regulations define a student's status as dependent or independent based upon the following series of questions from the FAFSA. If you can answer YES to any single question below and provide documentation you are considered independent and you do not need to petition for a dependency override.

Yes	No	FAFSA Question
☐	☐	Were you born before January 1, 2000?
☐	☐	As of today, are you single (never married), divorced, separated, or widowed?
☐	☐	At the beginning of the 2026-2027 school year, will you be working on a Master's, doctorate, or graduate certificate program (MA, MBA, MD, JD, PhD, EdD, etc.)?
☐	☐	Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training?
☐	☐	Are you a veteran of the U.S. Armed Forces?
☐	☐	Do you have children who will receive <u>more than half</u> of their support from you between July 1, 2026, and June 30, 2027?
☐	☐	Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2027?
☐	☐	At any time since you turned age 13, were you an orphan (no living biological or adoptive parent)?
☐	☐	At any time since you turned age 13, were you a ward of the court?
☐	☐	At any time since you turned age 13, were you in foster care?
☐	☐	Are or were you a legally emancipated minor, as determined by a court in their state of residence.
☐	☐	Does someone, or did someone up to your 18 th birthday, as other than your parent or stepparent have legal guardianship of you determined by a court in your state of legal residence?
☐	☐	At any time on or after July 1, 2024, did any of the following apply to you? 1. Your high school or school district homeless liaison determined that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless? 2. The director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determined that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless? 3. The director of a runaway or homeless youth basic center or transitional living program determined that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?

If you cannot answer YES to any of the above questions you are considered a dependent student by regulations set forth by the U.S. Department of Education. You may be asked for documentation to prove your independent status.

Federal regulations allow a Financial Aid Administrator to override an otherwise dependent student's status on a case-by-case basis based upon a student's documentable unusual circumstances. For a dependency override to be approved the circumstances often must lie far outside the norm. For example, the following situations **DO NOT** constitute an unusual circumstance, singly or in combination, which would merit approving a petition for a dependency override.

1. Parent(s) refusal to contribute to the student's education.
2. Parent(s) unwillingness to provide information on the FAFSA application or during a verification process.
3. Parent(s) not claiming the student as a dependent for income tax purposes.
4. Student's ability to demonstrate total financial self-sufficiency. **NOTE:** Receiving Federal financial aid for attending college is not considered a basis for demonstrating self-sufficiency.

Unusual Circumstances which may result in the conditions above, such as an abusive family environment or parental abandonment, might warrant a dependency override. If you believe you have experienced such circumstances, then you are encouraged to complete this application for a dependency override.

2026 - 2027 Dependency Status Override Application

Submit this application and all required documentation to the Arkansas State University – Mountain Home Office of Scholarships and Financial Aid. Notice of the outcome of this petition will be mailed to the student. The outcome of this petition is final for the 2026-2027 academic year and cannot be appealed.

DOCUMENTATION REQUIREMENTS

ALL unusual circumstances must be documentable to be considered. The following documentation is required before a dependency override will be considered.

1. Completed this Dependency Status Override Application
2. Written description by the student of their unusual circumstances surrounding the student's family situation that warrant a dependency override.
3. Letter from a person, that is not considered your roommate, or related to the student but is familiar with the student's circumstance. The letter from this person should describe their relationship with the student and describe in detail the circumstances surrounding the student's family situation as seen from their perspective. This letter should be from a professional who is a member of the student's immediate community such as, but not limited to, a counselor, teacher, member of the clergy, church elder, social worker, or physician.
4. Complete and submit the online 2026-2027 FAFSA with all sections completed except the parental information sections. **NOTE:** If this petition is not approved, parental information will have to be supplied on the FAFSA to become eligible for Federal Financial Aid.
5. Copy of student's signed 2024 IRS Tax Return or Tax Return Transcript. (NOTE: If you did not earn enough income to be required to file federal taxes, indicate this on page 3 and provide a [IRS 2024 Verification of Non-filing Letter](https://www.irs.gov/individuals/get-transcript) available online at <https://www.irs.gov/individuals/get-transcript>.)
6. Copies of all the student's 2024 and 2024 IRS form W-2's and 1099's and 2024 Tax Return or Tax Return Transcript. (NOTE: If you did not earn enough income to be required to file federal taxes, indicate this on page 3 and provide a [IRS 2024 Verification of Non-filing Letter](https://www.irs.gov/individuals/get-transcript) available online at <https://www.irs.gov/individuals/get-transcript>.)
7. Copies of legal documents, such as court decisions, restraining orders or police reports to support any claim of legal actions described in letters written in support of or by the student.

Optional Documentation

1. A letter from a family member familiar with the student. The letter from this person should describe in detail the circumstances surrounding the student's family situation as seen from their perspective.
2. Copy of signed lease, housing contract, rental agreement or other documentation such as cancelled checks or proof of bank draft payment reflecting how much the student is paying for housing.
3. Proof of health insurance and/or automobile insurance coverage.

Previously Approved Dependency Override

Student's previously approved for Independent Status at Arkansas State University – Mountain Home during a prior academic year may complete the application in full or provide a new signed and dated, written statement that indicates how their situation, which made you independent during the prior year continues, if it does, and include a description of their current living/housing arrangements. **NOTE:** Previous approval of Independent Status does not ensure continued approval.

Additional documentation may be requested as verification of statements made.

2026 - 2027 Dependency Status Override Application

(Please Print Clearly)

First Name _____ Middle Name or Initial _____ Last Name _____

Social Security Number _____ Date of Birth _____

Permanent Physical Address: (P.O. Box is not acceptable)

Street: _____

City: _____ State: _____ Zip Code: _____

How many years and/or months have you lived at the permanent address listed above? _____

Does your parent(s) live at the permanent address listed above? ☐ NO ☐ YES

Email Address: _____

Primary Telephone Number: _____

Secondary Telephone Number: _____

Last year and month you lived with your parent(s)? _____

Do you expect to work while attending college? ☐ NO ☐ YES

INCOME

For 2024 and 2024, what was your Income or total income earned from work, if not filing Federal income taxes.

2024 \$ _____ .00

2024 \$ _____ .00

How much excess Financial Aid (*Amount received over any bills paid to the college you attended*), over and above the bill to the college, did you receive for the entire 2024-2024 academic year? \$ _____ .00

Complete the **Itemized List of Income Source(s)** below, indicating the types and amounts of income you received for the 2024 and 2024 calendar years for the various types of income you may have received and provide the monthly amounts received for each item. Enter a Zero (0) in the monthly amount for items that do not apply.

Itemized List of Income Source(s)		2020 Monthly Amount	2021 Monthly Amount
Income earned from work		\$.00	\$.00
HUD assistance		\$.00	\$.00
SNAP (formerly known as food stamps)		\$.00	\$.00
Social Security Income		\$.00	\$.00
WIC		\$.00	\$.00
Disability		\$.00	\$.00
Unemployment		\$.00	\$.00
Other Incomes: provide descriptions (e.g. babysitting, odd jobs, family, investment income/dividends, etc.):	→	\$.00	\$.00
	→	\$.00	\$.00
	→	\$.00	\$.00
	→	\$.00	\$.00
TOTAL		\$.00	\$.00

Use the space below, if you wish to provide any clarifying information regarding the income information provided.

2026 - 2027 Dependency Status Override Application

Complete the **Itemized List of Expenses** below, indicating the types and amounts of monthly expenses paid during the 2024 and 2024 calendar years. Enter a Zero (0) in the monthly amount for items that do not apply.

Itemized List of Expenses		2021 Monthly Amount	2024 Monthly Amount
Housing (Rent, House Payment)		\$.00	\$.00
Food		\$.00	\$.00
Home heating and cooling		\$.00	\$.00
Water and Sewer		\$.00	\$.00
Television Cable or Satellite		\$.00	\$.00
Telephone		\$.00	\$.00
Internet		\$.00	\$.00
Medical		\$.00	\$.00
Clothing		\$.00	\$.00
Motor Vehicle Expenses		\$.00	\$.00
Entertainment		\$.00	\$.00
Non Food Household Items (cleaning supplies, toiletry, etc.)		\$.00	\$.00
Other Expenses: provide descriptions	→	\$.00	\$.00
	→	\$.00	\$.00
	→	\$.00	\$.00
	→	\$.00	\$.00
TOTAL		\$.00	\$.00

Use the space below, if you wish to provide any clarifying information regarding the expense information provided.

1. Do you own a motor vehicle? ☐ NO ☐ YES

• If YES, are you covered by your own motor vehicle insurance policy? ☐ NO ☐ YES

i. If YES, is anyone other than you making payments? ☐ NO ☐ YES

ii. If YES, how much and how often are the payments?

• If YES, do you hold the motor vehicle title free and clear? ☐ NO ☐ YES

i. If NO, is anyone other than you making payments? ☐ NO ☐ YES

ii. If NO, how much and how often are the payments?

2. Are you covered by health insurance? ☐ NO ☐ YES

• If YES, do you pay your own health insurance? ☐ NO ☐ YES

i. If NO, who pays your health insurance?

ii. How much and how often are the premium payments?

By signing below, you certify that the information provided is true. Your signature below also serves as your understanding that the outcome of this petition is final for the 2026-2027 academic year and cannot be appealed.

Signature _____

Date _____

For Office Use Only

☐ Approved ☐ Denied

FAA: _____

Date: _____