

- 1) For what reasons or circumstances are you unable or do not want to provide parent tax information on the FAFSA?

- 2) What is the annual amount of financial support you receive from your parents? Include cash amounts as well as health and auto insurance, etc. If none received, write zero.

- 3) Where and with who have you lived with during the past five (5) years.

- 4) Where and with whom are you currently living?

- 5) If paying rent, how much per month? _____

- 6) If so, when did rent payments begin? _____

- 7) How much did you earn during the last calendar year? _____

- 8) How much do you expect to earn this calendar year? _____

CERTIFICATION

I, the undersigned, do certify that all of the information included on this form is true and complete to the best of my knowledge. I agree to provide supporting documentation of the information I have supplied on this form if requested by an authorized official. I understand that this documentation may include a copy of my Federal and/or State income tax return. I further understand that if the requested supporting documentation is not provided in a timely manner, the dependency override will not be considered in the processing of my financial aid for the current academic year.

Student Signature

Date

Campbellsville UNIVERSITY



2025-2026 Unusual Circumstances

Federal Financial Aid Guidelines state that a dependent student and his/her family have the primary responsibility for meeting educational costs. If you are considered a dependent student according to the Federal Financial Aid definition, your aid eligibility is determined by using parent income and asset information, as well as your information.

A Dependency Override occurs when a Financial Aid Counselor exercises Professional Judgement and overrides the Department of Education's criteria for dependent students. An override may be granted, with sufficient documentation, on an individual basis to students with unusual and exceptional circumstances. Documentation must show a compelling reason for a student to be granted "independent" status.

The following are examples that could warrant a Dependency Override: Abandonment, parental drug abuse, parental mental incapacity, physical or emotional abuse, estrangement from parents, and parental incarceration.

Attach the following to this completed & signed form to be considered for a Dependency Override:

- A signed statement from you, the student, explaining family circumstances that prevent parent financial information being included on FAFSA
- Three signed statements from non-relatives that are knowledgeable of the family situation and can verify the reason parent information cannot be provided. Appropriate third-parties are clergy, school counselors, teachers, etc. Please be sure these include contact information.

You may also include any of the following to further support Dependency Status:

- Most recent Federal Tax Return and/or W-2s
- Most recent pay stub(s)
- Copy of current Lease Agreement
- Proof of utility payments
- Proof of auto loan payments and/or auto insurance payments

Student Name & Address

_____/_____/_____
Last Name First Name Middle Initial Social Security Number ID#

Mailing Address

City State ZIP

Phone Number

For Official Use Only

Professional judgment has been exercised based on the applicant's financial aid file and the information provided on this form.

Results: ____ Approved ____ Denied

Financial Aid Counselor Signature

Date

Action Taken: _____