



**Unusual Circumstances/
Dependency Override Form (DOF)
Academic Year 2024-2025**

Campus Financial Services Center
7400 Bay Road, University Center, MI 48711
Phone: (989) 964-4900 Fax: (989) 964-4291
Email: cfsc@svsu.edu

Last Name	First Name	Middle Initial	SVSU Student ID or SS#
Street Address	City	Telephone #	

If you have experienced abandonment, abuse, or neglect, you may petition for independent status. All of the information gathered by the Campus Financial Services Center will remain strictly confidential. Be advised that the Financial Aid Office will be reviewing the documentation, but not all requests are approved. Failure to provide any information requested will be considered an automatic denial.

This form is designed to evaluate an individual student's own circumstances and determine whether they should be considered an "independent" student for financial aid purposes. The Department of Education does recognize exceptions to their automatic rules and allows financial aid administrators the right to waive the criteria in extreme circumstances. To be considered independent, a student must prove their circumstances with documentation. **All decisions based on this request are final.**

The following circumstances, by themselves, are NOT considered reasons for an Unusual Circumstance:

- Parents refuse to contribute to the student's education.
- Parents will not provide information for the FAFSA or verification.
- Parents do not claim the student as a dependent for income tax purposes.
- Student demonstrates total self-sufficiency.

Required information for all applicants:

1. **Free Application for Federal Student Aid (FAFSA).** You must complete the FAFSA application at <https://studentaid.gov/h/apply-for-aid/fafsa>. Be sure to list SVSU, our Federal Code is 002314. You are encouraged to file the FAFSA application as soon as possible. You **DO NOT** have to submit this form first.
2. **Personal Statement.** Attach a signed and dated personal statement describing your situation. You **must** describe your **current** relationship (even if it is non-existent) with both of your biological or adoptive parents.
3. Complete this entire form, including the **Estimated Expenses Worksheet** (see page 2).

Other required documents unless SVSU approved your Dependency Override in 2023-2024: The following must also be submitted the first time that you are requesting a review at SVSU.

Legal documentation verifying reasons for your independent status request. This may include, but is not limited to:

- Documentation confirming there is a restraining order that prohibits you from having contact with your parents.
- Other legal documentation that would explain why parental information should or could not be obtained to determine financial aid eligibility.

-OR-

Two professional letters verifying reasons for your independent status request.

Professional letters must be on official letterhead, and from a professional adult who is able to verify the family circumstances you described in your personal statement. Professional adults can include clergy members, guidance counselors, teachers, professors, doctors, family counselors, mental health professionals and law enforcement officers.

SVSU does not discriminate based on race, religion, color, gender, sexual orientation, national origin, age, physical impairment, disability, or veteran status in the provision of education, employment, and other services.

UCF 2024-2025 Academic Year

Estimated Expenses Worksheet - Total of Financial Resources should equal, or exceed, total Student Expenses.

2024 Student Financial Resources	Total Amount received for the year 2024	2024 Student Expenses <i>If there is no expense for a category, please enter a "0" and explain why</i>	Total Amount for year of 2024 (monthly expense x 12 months)
Income from work – even if <i>not included on a W-2 statement</i>	\$	Rent/Mortgage	\$
Subsidized Housing	\$	Utilities	\$
Food Stamps/SNAP	\$	Food	\$
Child Support/Alimony	\$	Automobile Payment	\$
Social Security Benefits	\$	Medical/Dental	\$
Welfare (Including TANF)	\$	Clothing	\$
Unemployment	\$	Insurance (Health/Auto)	\$
Worker’s Compensation	\$	Cell phone:	\$
Pension	\$		
Investment Income	\$	Other:	\$
Military Allowance	\$		
Other Income/Resources (How much was paid on your behalf for clothing, food, car payments or insurance, etc.) INCLUDE NAME and RELATIONSHIP OF SOURCE	\$	Educational Expenses Tuition/fees paid in 2023 Book expense in 2023	
Financial Aid (Loans, grants, scholarships, etc.)	\$		
Total	\$	Total	\$

If expenses are 0 or very low, explain why. For example “I lived with my guardian” or “I don’t have any insurance”

Certification and Authorization:

I certify that all of the information provided on this form is complete and correct to the best of my knowledge.
 I understand that I may be asked to submit additional documentation if necessary.
 I understand that all information I provide will remain confidential.
 I authorize SVSU to change any dependency questions to “No” if I mistakenly answered any incorrectly.

 Student Signature Date

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