



STUDENT FINANCIAL AID OFFICE 2026-2027 Dependency Override Form

Student's Full Name _____

ID Number _____

The Higher Education Act allows an aid administrator to make dependency overrides on a **case-by-case** basis for students with unusual circumstances. If the administrator judges that an override is appropriated, he/she must document the unusual circumstances.

However, none of the conditions listed below, singly or in combination, qualify as unusual circumstances or merit a dependency override:

1. **Parents refuse to contribute to the student's education;**
2. **Parents are unwilling to provide information on the application or for verification;**
3. **Parents do not claim the student as a dependent for income tax purposes;**
4. **Student demonstrates total self-sufficiency.**

Unusual circumstances do include an abusive family environment or abandonment by parents and may cause any of the above conditions. In such, a dependency override might be warranted.

The law requires that the financial aid office at the school the student is attending/will attend determine whether an override is appropriate based on sufficient documentation in the student's file. To evaluate your request for a dependency override, Southwest Texas College requires the following information:

SECTION A

ANSWER EACH OF THE FOLLOWING QUESTIONS BY CHECKING THE APPROPRIATE RESPONSE:

- | | YES | NO | |
|----|-----|-----|--|
| 1. | ___ | ___ | I filed an income tax return for the last two reporting years (2023 and 2024), and claimed myself as an exemption. <u>Attach a copy of Student's Income Tax Returns or W-2's, if non-filer.</u> |
| 2. | ___ | ___ | I live off campus, not at home, but my permanent residence is still at my parent's home. |
| 3. | ___ | ___ | I reside with relatives |
| 4. | ___ | ___ | I reside with occupants other than relatives. |
| 5. | ___ | ___ | I receive help from my parent(s) occasionally or periodically. |
| 6. | ___ | ___ | I have the means to support myself. I pay rent (or own), utilities, transportation and all other expenses related to the maintenance of my household. (Please provide supporting documentation of expenses for the last six months) |

SECTION B

1. Please provide a letter requesting a dependency override and reason(s) why you should be granted a status change. Request should be addressed to the Financial Aid Committee. It should include your social security number and signature. Documentation supporting extenuating circumstances **must** be included. All decisions made by the committee are final.
2. Please provide 2 Reference Letters on company/business letterhead from individuals who have known of your situation for more than a year and can verify it. (Ex: Teachers, Counselor, Pastor, Principal, not Relatives or Parents) **Name, address, and phone number should be provided.**

CERTIFICATION STATEMENT:

I certify that the information provided and the documentation submitted to the Student Financial Aid Office is true and correct to the best of my knowledge.

Student's Signature

Date

FA OFFICE USE ONLY:

☐ Approved ☐ Rejected SWTX Official _____ Date _____

COMMENTS: _____