UNIVERSITY OF TEXAS AT EL PASO
2015-2016 REQUEST FOR DEPENDENCY OVERRIDE
(To be used only by students who are requesting override consideration for the first time)

NAME:______________________ UTEP ID:_________________ EMAIL:__________________

If you believe you have special circumstances that affect your dependency status for the 2015-2016 academic year, please complete this form, supply all of the documentation requested, and submit it to the UTEP Office of Student Financial Aid. Typically, special circumstances deal with situations at home that force an otherwise dependent student to become independent. Unless told otherwise, students must first complete a 2015-2016 FAFSA online and submit to the Department of Education, then apply for a dependency override.

On-campus workshops will be scheduled in late February early March, which will allow students to submit and have their special circumstances reviewed. (See the dates and times at http://financialaid.utep.edu, click on Financial Aid Workshops).

If an on-campus workshop is not attended, all special circumstance requests will be reviewed on an appointment only basis after March 13, 2015.

Do not omit information or documentation, as this will delay the process. Applications without the required documents will be denied based upon insufficient documentation. Notes:
- Not being claimed on a parent’s tax return or not living with a parent or parents is not a basis for considering a student independent.
- With few exceptions, we can only consider those with documented proof of having lived on their own for at least one year from time of request.

The following documents will need to be submitted:

A. Complete and Sign this form
B. A typed letter from the student detailing the special circumstances that make the student independent from their parents. Please explain the following:
   1. The nature of your relationship with your parents;
   2. The whereabouts of parents and when you last had contact with them;
   3. Why you cannot obtain information and/or support from your parents and
   4. How you have been supporting yourself this year.
C. Typed notarized statements on letterhead from two different professionals (teacher, counselor, clergy, social worker) familiar with your family situation, in which they must address the following:
   1. How long they have known the student and the nature of their relationship with the student and parent(s)
   2. Their knowledge of why the student is unable to provide parental information for the FAFSA
   3. Their knowledge of how the student has been supporting themselves and since when (month and year)

  Statements from professionals must also contain contact information (including address, telephone number and job title).

E. Do you have medical insurance? Yes [ ] or No [ ] (If yes, please attach a copy).
F. Do you have car insurance? Yes [ ] or No [ ] (If yes, please attach a copy).
G. Complete a 2015-2016 FAFSA online at www.fafsa.gov and submit to the Department of Education.
H. Copies of lease, rent receipts, a typed notarized statement, or copy of utility bills as proof that you have been on your own for at least one year.
I.2015-2016 Verification worksheet. This form can be found at http://financialaid.utep.edu, click on Forms.

PLEASE ANSWER ALL THE FOLLOWING QUESTIONS:

1. Did you live with either parent during the past calendar year? Yes [ ] or No [ ] . If yes, what was the last day you lived with them ___/___/____. What is the reason your parents do not provide housing now:

2. Do you receive now or have you received in the past year any financial support from your parents (such as monetary gifts, payment of bills, cash for expenses, etc.)? Yes [ ] or No [ ] . If yes:
   a. Please indicate the amount for 2014 $_____/_____/_____.
   b. When did you stop receiving the support? ___/___/_____.

3. Did your parents file a 2014 Federal Tax Return? Yes [ ] or No [ ] . Please attach a copy of their return or attach a separate page stating the reason you cannot attach a copy.

4. Did you file a 2014 Federal Tax Return? Yes [ ] or No [ ] . If no, why not? ____________________
5. How much income did you have in 2014? 

6. If you did file a 2014 Federal Tax Return, did you claim yourself? Yes [ ] or No [ ]. If no, why not?

7. Will anyone besides yourself claim you as a TAX EXEMPTION on his or her 2014 Tax Return? Yes [ ] or No [ ]. If yes, what is the name of the person claiming you and their relationship to you?

PLEASE ANSWER THE QUESTIONS BELOW:

1. My current permanent address is: Street_________________ City, State, and Zip_________________________________
2. I have lived at this address since ______/____/____
3. This property is owned by __________________________________________
4. Is the residence listed above owned by a relative? Yes [ ] or No [ ]. If yes, how are you related?
5. What is your total MONTHLY cost for housing? $______________
6. What is your MONTHLY cost for utilities? $______________
7. What percentage do you pay for items in #6: _______________%?
8. From what income source will your housing and utilities be paid? ________________________________
9. What is the approximate MONTHLY cost of food? $______________
10. What is the income source your food costs will be paid from? ________________________________
11. What is the approximate MONTHLY cost for gas and car maintenance? $______________
12. What is the income source your gas and maintenance payments will be made from? ________________________________
13. From what income source are car payments made?

WHAT DO YOU EXPECT YOUR INCOME AND EXPENSES TO BE IN 2015?

Estimated 2015 taxable income (wages, interest income, etc.):
In 2015 how much will you earn from work? $______________
In 2015 how much other taxable income will you have? $______________
In 2015 how much will you receive in unemployment benefits? $______________

Estimated 2015 untaxed income and benefits
Social Security Benefits: $______________
Aid to families with Dependent Children (AFDC or ADC) $______________
Other untaxed income and benefits (child support, etc.) $______________

CERTIFICATION

All of the information on this form is true and complete to the best of my knowledge. I understand that if all the information requested above is not supplied, that no action will be taken on this request. If asked by an authorized official, I agree to give proof of the information I have given on this form. I realize this proof may include a copy of my U.S. Income Tax Return. I also realize if I do not give proof when asked, I may not be processed for financial aid. I also understand any suspected fraud (forged, falsified or counterfeit documents, irregular signatures and certifications, false or fictitious names, addresses, and SSNs, consistently misreported information, false claims of dependency and/or citizenship status, offers and/or paid kickbacks to school staff, unreported or misreported receipt of student aid) will be reported to the appropriate authorities in the Office of the Inspector General. No student or prospective student will be excluded from participation in or be denied the benefits of financial aid on the basis of race, color, age, national origin, religion, or sex. WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student Signature ____________________ UTEP ID: _______________ Date _______________

RETURN COMPLETED FORM TO: The University of Texas at El Paso, Office of Student Financial Aid
Mike Loya Academic Services Bldg., Rm. 204
500 W. University Ave., El Paso, Texas 79968-0629
Phone: (915) 747-5200 Fax: (915) 747-5631

With few exceptions, you are entitled on your request to be informed about the information the University of Texas at El Paso collects about you. Under Sections 552.01 and 552.03 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 the University of Texas at El Paso correct information that is held by us and that is incorrect, in accordance with procedures set forth in the University of Texas System Business Procedures Memorandum 32. The information that the University of Texas at El Paso collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and the rules. Different types of information are kept for different periods of time.

FOR FINANCIAL AID USE ONLY

Action Taken: ______________________________ Date ____/____/____
FAO Signature ______________________________
Comments/Reason: ______________________________

REV 12/2014