

2026-2027 Dependency Override Application



T _____		_____	
Student Terra Number	Student Last Name	Student First Name	
_____		_____	
Street Address	City	State	Zip Code
_____		_____ / _____	
Phone Number	Email Address	Date of Birth	
_____	_____	_____ / _____	

This appeal is used to request dependency override for federal financial aid. It is used after you have filed your FAFSA and included that you have special circumstances which prevent you from providing parental information.

The Federal Student Aid Program determines a student's status as dependent or independent by the answers the student provides on the Free Application for Federal Student Aid (FAFSA). Students are classified as dependent or independent because federal student aid programs are based on the principle that students (and their parents or spouse) are considered the primary source of support for postsecondary education. The Dependency Override process is used to address on a case by case basis a student who claims to be independent but does not meet the federal criteria. The student must demonstrate a unique and extenuating circumstance.

The following provides information and explains the procedure used to determine a student's eligibility for a "Dependency Override." A Financial Aid Administrator will review the student's appeal by examining the supporting documentation provided by the student and will either approve or deny the student's request and notify the student in writing. The decision is final and cannot be appealed to the U.S. Department of Education.

THE FOLLOWING IS **NOT** CONSIDERED A UNIQUE AND EXTENUATING CIRCUMSTANCE

- Self-sufficiency of the student.
- Parent's unwillingness to complete the parent section of the FAFSA.
- Parent refusing to contribute to the student's education.
- Not residing at the parent's residence.
- Not being claimed as a dependent on your parent's tax return.
- Student's desire for grants instead of loans.

CIRCUMSTANCES GIVEN CONSIDERATION WHERE PARENTAL SUPPORT HAS BEEN TERMINATED

- Documented abandonment.
- Parental drug abuse.
- Parental mental incapacity.
- Physical or emotional abuse.
- Severe estrangement from parents.
- Parental incarceration.

RETURN TO:

Terra State Community College
Office of Student Financial Aid
2830 Napoleon Rd
Fremont, Ohio 43420

Email: financialaid@terra.edu

Questions? Please contact the Office of Student Financial Aid at 419.559.2344

ISEPOZ

20251010

Dependency Override Appeal Process

☐ **Step 1:** Complete your 2026-2027 Free Application for Federal Student Aid (FAFSA) and have it sent to TSCC (School Code 008278).

☐ **Step 2:** Complete this form.

☐ **Step 3:** Attach a typed letter. Make sure your name, T-Number, date, and signature are included on the letter. In your own words tell us why you are requesting a dependency override. Describe your relationship with your parents and include any circumstances surrounding the situation. Include information about how you provide for yourself. If you are or have received support from friends and relatives, you must describe the nature of the support. Attach supporting documentation if available.

☐ **Step 4:** Have at least **two** individuals complete the "Dependency Override Documentation" section of this appeal. These individuals should be adults who have direct knowledge of the situation, who are not relatives. One individual must be a professional whom you have sought treatment or assistance. Professionals include guidance counselors, doctors, lawyers, family counselors, social workers, law enforcement officers, clergy members, etc. If a family member who is not your parent, has raised you or is currently supporting you, submit an additional statement from that family member. The Dependency Override documentation must be an original form, completed, and signed by each individual.

We understand the sensitive nature of these circumstances; therefore, all documentation received by our office will be kept confidential.

Prior Petition for Dependency Override Approval

☐ Check here if you have been approved for a Dependency Override Appeal in the 2025-2026 aid year by our office and your situation has not changed. You do not have to resubmit the documentation you previously provided. Complete the information listed below and submit to the Office of Financial Aid.

Parent Information

Father

Name: _____

Address: _____

Phone: _____

Mother

Name: _____

Address: _____

Phone: _____

Student Information

1. Did anyone claim you on their federal tax return for 2024? ____ Yes ____ No 2025? ____ Yes ____ No

If yes for 2024, provide Name: _____ Relationship to you: _____

If yes for 2025, provide Name: _____ Relationship to you: _____

2. What are your current living arrangements (who do you live with)? _____

3. Current Expenses:

Type of Expenses	Monthly Amount	How Is It Paid
Housing	\$	
Utilities	\$	
Food	\$	
Clothing	\$	
Transportation	\$	
Medical/Insurance	\$	
Personal/Miscellaneous	\$	

4. When was the last time you lived with your parent(s)? Month/Year _____

5. When did your parent(s) last provide any form of support? Month/Year _____

Student Clarification

☐ I certify that all of the information provided on this form and all attached documentation is true and correct. I also understand that it will be used to override federal regulations regarding my dependency status. I fully understand that to falsify any information in order to receive my Federal Title IV funds is a federal offense and can be punishable by fines and/or penalties. I understand that if my situation changes in any way, if I reside with my parents or receive any support from them, that I must report this information to the Office of Financial Aid.

Student's Signature

Date

For Office of Financial Aid Use Only:

Outcome: ____ Eligible for Dependency Override

Comments: _____

____ Not eligible for Dependency Override

Financial Aid Signature

Date



**Dependency Override
Documentation for Professional**

Student Name

T-Number

This section is to be completed by a professional who has worked with the student's family. Examples of professionals include a high school counselor, teacher, social worker, clergy, physician, lawyer, or family therapist.

The above-named student has applied for financial aid at Terra State Community College and has indicated that he/she is unable to provide us with parent information due to extenuating family circumstances.

Please provide a brief statement regarding your knowledge of the student's family history and relationship with parent(s).

Why do you believe that the student is unable to provide parent(s) information for financial aid purposes?

Last Date the student:

Received financial support from parent(s) _____ Lived with parent(s) _____

How long have you known the student? _____

What is your relationship with the student? _____

Your name (please print): _____ Phone: _____

Your address: _____ City: _____ State: _____ Zip: _____

Your signature: _____ Date: _____



***Dependency Override
Documentation for Professional***

Student Name

T-Number

This section is to be completed by an individual who is an adult and has direct knowledge of the student's situation, who is not a relative. This person must not live at the same address as the student.

The above-named student has applied for financial aid at Terra State Community College and has indicated that he/she is unable to provide us with parent information due to extenuating family circumstances.

Please provide a brief statement regarding your knowledge of the student's family history and relationship with parent(s).

Why do you believe that the student is unable to provide parent(s) information for financial aid purposes?

Last Date the student:

Received financial support from parent(s) _____ Lived with parent(s) _____

How long have you known the student? _____

What is your relationship with the student? _____

Your name (please print): _____ Phone: _____

Your address: _____ City: _____ State: _____ Zip: _____

Your signature: _____ Date: _____