

Financial aid regulations assume that a student's family has primary responsibility for meeting educational costs. If you are considered a dependent student according to the standard financial aid definition, your aid eligibility is determined by using parent income and asset information in addition to your information.

What makes a student Dependent or Independent?

Your student dependency status is determined based on your responses to specific questions on your aid application (FAFSA or CA DREAM Application). For financial aid purposes, an independent student is defined as someone who meets **AT LEAST ONE** of the following conditions:

- Born before January 1, 1994;
- Married as of the date aid application signed;
- Have children who receive **more than half their support** from the student, OR has legal dependents, other than a spouse or children, who live with student and who receive **more than half their support** from the student;
- Attending Graduate level program of study during the 2017-18 academic year;
- Veteran of U.S. Armed Forces (or will be a veteran as of June 30, 2018), or have attended a service academy and were released under a condition other than dishonorable;
- Currently serving on active duty in U.S. Armed Forces (other than for training);
- Emancipated Minor or in Legal Guardianship as determined by the court in her/his state of legal residence;
- Orphan, Ward of Court, Foster Care (after age 13);
- A self-supporting unaccompanied youth who is homeless or at risk of homelessness (as certified by governmental or school agency).

A student who does not meet **ANY** of the above conditions is classified as a Dependent student.

What is a Dependency Override?

A dependency override occurs when a financial aid administrator exercises professional judgment and overrides the standard criteria for dependent students. An override may only be granted on a case-by-case basis for students with unusual & exceptional circumstances. These circumstances must show a compelling reason for a student to be considered independent.

What conditions **COULD** warrant a Dependency Override?

The following are some examples of conditions that could warrant a dependency override:

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

What conditions **DO NOT** warrant a Dependency Override?

By Federal Law, the following conditions **DO NOT** warrant a dependency override:

- Parents refuse to provide information on the financial aid application or for verification
- Parents do not claim student as a dependent for income tax purposes
- Parents unwilling or unable to contribute to student's education
- Parents live in another country
- Student demonstrates self-sufficiency
- Student reluctant to request the income information from parents
- Student does not wish to communicate with parents

Financial Aid Policy at CSU Long Beach requires a student seeking a dependency override to complete the CSU Long Beach Dependency Override Appeal. Decisions made at other institutions are not accepted.

Dependency Override Appeal: 2017 – 2018 Aid Year

You should complete this form if you are considered a dependent student for financial aid purposes, and believe you have compelling extenuating circumstances which should allow you to be considered an independent student. Return the completed form with the required documentation to Financial Aid Office. ***We understand the sensitive nature of these circumstances; all documentation received by our office will be kept confidential.***

Please Note the Following:

- Complete your 2017 - 2018 financial aid application (FAFSA or CA DREAM Application) ***prior*** to completing and submitting the Dependency Override Appeal.
- When submitting your appeal, ***you will be required to meet with a financial aid staff member.***
- The determination of whether or not to approve a dependency override is made by the CSU Long Beach Financial Aid Office. All decisions made by our office on dependency overrides are FINAL and not appealable.

Dependency Override Appeal Process:

1. ***Financial Aid Application:***
Complete either the FAFSA (www.fafsa.gov) or the CA DREAM Application (dream.csac.ca.gov) prior to submitting the Dependency Override Appeal.
2. ***Dependency Override Appeal Form:***
Complete all sections of the appeal form.
3. ***Third-Party Statements:***
Provide at least two letters from third-party adult individuals who personally have knowledge of your situation and who can verify your circumstances. Letters must include details as to how the person knows you, how long they have known you, and how they have been involved and/or have first-hand knowledge of your situation.

We recommend at least one letter (on letterhead) be from a guidance counselor, physician, social worker, clergy person, or another individual who has been involved in the circumstances in a professional capacity.

The individuals submitting letters should not be related to one another, nor reside at the same address. A telephone number and address where the individual can be reached for follow up questions must be included.
4. ***Supporting Documentation:***
In addition to your appeal form and third-party statements, you must provide the following with your appeal:
 - Copy of your current lease or rental agreement. If you do not have either, attach a signed statement from your current landlord verifying your tenancy.
5. ***Meet with a member of Financial Aid staff:***
Once you have completed the appeal form and gathered your statements and supporting documentation, contact CSULB's Financial Aid Office to make arrangements to meet with a Financial Aid Counselor and to submit your appeal in-person.

After Filing the Dependency Override Appeal:

If your appeal is approved: We will notify you via email, and will submit the override information to the relevant Application Processor System. Your financial aid will be packaged based on your independent status. PLEASE NOTE: Additional documents may be required after your override is accepted by the Application Processor System. Be sure to check your To-Do List on MyCSULB for any additional items.

If your appeal is not approved: We will notify you via email of our decision. In order to receive a financial aid package, you MUST provide parent financial information and signatures on your aid application.

***All decisions on dependency overrides are made based on Professional Judgment by the CSU Long Beach Financial Aid Office.
All decisions on appeals are FINAL.***



Student Appeal
17-18 FSEADO

Student Name: _____

Campus ID Number: _____

2017 – 2018 Dependency Override Appeal (FAFSA)

Financial Aid policy at CSU Long Beach requires a student seeking a dependency override to complete and submit the CSU Long Beach Dependency Override Appeal form and all listed documentation to the CSU Long Beach Financial Aid Office. Decisions made at other institutions are not accepted. Refer to the instructions page for complete details.

STEP 1: Indicate The Application You Completed (Must be done prior to submitting request)

2017 – 2018 FAFSA

2017 – 2018 CA DREAM Application

STEP 2: Personal Statement

Personal Statement: In the space below, provide a detailed explanation of the unusual & extenuating circumstances that you believe warrant a review of your dependency status. Attach additional pages if necessary. Be sure to include the following:

1. The nature of your relationship with **BOTH** of your parents.
2. The location of both parents **AND** when you last had contact with them.
3. Why you cannot obtain information and/or support from your parents.

STEP 4: 3rd Party Statements

Provide at least two letters from 3rd party adult individuals who personally have knowledge of your situation and who can verify your circumstances. Please note the following:

1. All letters must include details as to how the person knows you, how long they have known you, and how they have been involved and/or have first-hand personal knowledge of your situation.
2. The individuals submitting letters should not be related to one another, nor reside at the same address. A telephone number and address where the individual can be reached for follow up questions must be included.
3. We recommend that at least one letter (on letterhead) be from a guidance counselor, physician, social worker, licensed therapist, clergy person, or other individual who has been involved in the circumstances in a professional capacity.

Dependency Override Appeal: 2017 – 2018 Aid Year

Student Name: _____

Campus ID Number: _____

STEP 4: RESIDENCE INFORMATION

Check the appropriate box below:

Where did you live in 2016-2017?	On Campus	Off Campus	With Parents
Where will you live in 2017-2018?	On Campus	Off Campus	With Parents

STEP 5: EXPENSES (Pt. 1): For each item listed below, place an X in the appropriate box.

Did your parent(s) claim you as an exemption on their 2015 federal tax return?	Yes	No
Will/did your parent(s) claim you as a dependent on their 2016 federal tax return?	Yes	No
Did your parent(s) provide your health insurance in 2016-2017?	Yes	No
Will your parent(s) provide your health insurance in 2017-2018?	Yes	No
Did your parent(s) provide your auto insurance in 2016-2017?	Yes	No
Will your parent(s) provide your auto insurance in 2017-2018?	Yes	No

STEP 6: EXPENSES (Pt. 2): Indicate who pays for each expense listed in the chart below.

Expense	Resource (who pays for the expense)
Rent	
Utilities	
Telephone	
Food	
Transportation (car payment and insurance)	
Medical (health insurance)	

STEP 7: PRIOR YEAR FINANCIAL AID SUPPORT

Did you receive financial aid during the 2016-2017 year (Fall 2016, Spring 2017, or Summer 2017)? Yes No
If you answered "Yes," list the institution(s) you attended during the 2016 – 2017 Academic year:

STEP 8: STUDENT CERTIFICATION

I certify that the information provided on this form and all attached documents is true, complete, and accurate. I understand that purposefully providing false information could result in a reduction and/or repayment of aid, and/or denial of future appeals in this and future years.

Student Signature _____ Date _____

Return This Form and Supporting Documentation:

In Person:

**Office of Financial Aid
101 Brotman Hall
Financial Aid Windows**