



Dependency Override Appeal

A Dependency Override is granted when a financial aid administrator exercises professional judgment and overrides the Department of Education's criteria for dependent students to provide parent information on their FAFSA or California DREAM application. The aid administrator's override allows the student to be considered an independent student for financial aid purposes. You may qualify for a dependency override if you are estranged from your parents due to parental incarceration, family alcoholism, drug abuse, parental abandonment, an abusive family environment that threatens your health or safety, or other unusual circumstances beyond your control.

An appeal must be submitted annually even if the prior year's appeal was approved. This form is designed to evaluate your individual circumstances and determine whether you should be considered an independent student for financial aid purposes. All of the information gathered will remain strictly confidential. All decisions based on this request are final.

The following circumstances will not be approved reasons for independent status: You do not reside with your parents; your parents refuse, or are financially unable, to pay for your college education; your parents live in another state or country; your parents do not claim you as a dependent on their taxes.

STUDENT INFORMATION:

Student Name: _____

Campus ID Number: _____

INFORMATION FOR APPEAL:

Award year or time frame you are appealing for (e.g., 2018 – 2019 Award Year): _____

When did you last live with your parents? _____

When did your parent(s) last provide any monetary support for you? _____

When was the last time you had contact with each of your parents? _____

Who do you live with (where do you live) at the present time? _____

Have you previously had a Dependency Override Appeal approved by CSU Long Beach?

☐ Yes. What academic year was your most recent Dependency Override Appeal approved? _____

☐ No

REASONS FOR APPEAL:

Please select the reason(s) listed below that apply to your unique situation:

☐ Incarcerated parent(s)

☐ Custodial Parent Deceased

☐ Physical Abuse

☐ Mental and/or Emotional Abuse

☐ Parental Abandonment

☐ Homeless or At Risk of Homelessness

Other: _____



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Required Information for ALL Applicants

The following must be submitted every academic year that you are requesting a review / appealing your status.

1. Complete the financial aid application (FAFSA or California DREAM Application) that corresponds to the academic year for which you are appealing your status.
☐ I have filed the FAFSA
☐ I have filed the California DREAM Application
2. Attach a signed and dated personal statement describing your situation. You must describe your current relationship (even if it is non-existent) with your mother and your father.

Required Documents

Documentation is required to support your appeal.

- If CSU Long Beach has previously approved an override of your dependency status, no additional documentation is required.
- If this is your first appeal, or you have not previously received an appeal approval at CSU Long Beach, please review the following, and indicate what method you are using (and attach the relevant documentation):

- ☐ **I have attached legal documentation verifying the reasons for my appeal.** This may include, but is not limited to police or court reports; copy of a death certificate; documentation from a social agency.
- ☐ **Documentation is not available. I have attached a letter from a third-party professional that supports the reasons for my appeal.** Letters should be on official letterhead, and should explain the situation in detail. Examples of third party individuals include: social workers, mental or medical health professionals, clergy members, guidance counselors, teacher/instructor, high school administrator or college official, and law enforcement officers.
- ☐ **I am unable to provide a letter from a third-party professional. I have attached a letter from an objective party that explains and confirms the reasons for my appeal.** The letter should be from someone who has first-hand knowledge of your situation and is able to verify the circumstances you described in your personal statement. An objective party could be a relative, the parent of a friend, neighbor, employer, etc.
- ☐ **None of the above is available, however I believe my situation warrants review. I would like to be contacted by a member of the Financial Aid Office via my contact information on file with CSU Long Beach.** I understand that an interview with a financial aid counselor will be required.

ADDITIONAL REQUESTS FOR DOCUMENTATION

The Financial Aid Office may, at a later date, request additional documentation in order to complete the review of your eligibility for financial aid. Often times these documents are related to verifying your income or tax filing status – and are made when our office is prompted to do so by either the Department of Education or the California Student Aid Commission.

CERTIFICATION

I certify that the information provided on this form and any attached statements and/or 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.

Student Signature _____ Date _____

Return this form and all supporting documentation labeled with your name & CSULB ID Number:

By Mail:

CSULB Financial Aid Office
1250 Bellflower Blvd.
Long Beach, CA 90840-0106

By Fax:

(562) 985-4973
Be sure to indicate "Attention Financial Aid"

In Person:

Enrollment Services Windows
Brotman Hall 1st Floor Courtyard