

Instructions: 2023-24 Dependency Override

Contact: DocInd02

Student Name: _____ SSN: _____ or KWU STID# _____
Home Phone: _____ Cell Phone: _____

If you believe you have unusual circumstances that may impact your dependency status for the 2023-2024 academic year, you may request a review of your dependency status by submitting this completed form along with supporting documentation. Please fill out the form completely and submit with documentation requested to the Office of Student Financial Planning. We will make a determination and advise you of our decision through your KWU email as soon as possible.

**You will not be able to receive a Financial Aid Award Letter until this issue is resolved.
THIS IS AN URGENT MATTER.**

Per federal regulations, **NONE** of the conditions below, singly or in combination, qualify as unusual circumstances or merit a dependency override:

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

PLEASE NOTE: Dependency status must be reviewed and re-certified every academic year and if you transfer to or from another school.

You must submit the following items for us to review your circumstances:

- 1) **A personal signed letter from you explaining your request for a dependency override.** Provide as much detail as possible describing your separation from your parents. The following information is **required**:
 - Include the last contact you had with each parent and the frequency of contact with each parent over the past year.
 - Explain why you cannot provide parental financial information on the 2023-2024 FAFSA.
 - Describe your living arrangements over the past several years, including with whom you resided and who has provided support to you.
- 2) **Letters from two (2) individuals who can attest to your situation.** The letters should provide as much detail as possible describing your separation from your parents. Stating that you live on your own and support yourself is not grounds for a Dependency Override. We need information pertaining to your relationship with / separation from your parents.
 - Each letter must include the individual's name, title or position, address, and signature.
 - Once letter must be from a professional individual and must be on letterhead. This person cannot be related to you or living at the same address as you. It could be a teacher, counselor, pastor, social worker, doctor, etc.
 - The second letter can be from somebody who can verify your situation as described above. This person cannot be related to you or living at the same address as you. This could be a friend's mother, a grandparent, etc.
- 3) **An Independent Verification Worksheet (attached on subsequent pages).**
- 4) **A signed copy of your 2021 Tax Return.** If you did not file a tax return, you must submit copies any W-2's from 2021 or other forms of income such as government assistance you received.
- 5) **We must have a valid 2023-2024 FAFSA on file.**

I certify that all information submitted on and with this form is true and correct to the best of my knowledge. I agree to provide additional information or documentation if requested.

Signature _____

Date _____



2023-24 Institutional Verification Worksheet – V1

Independent (Contact: V1_Group)

IMPORTANT: During a Dependency Override, we must collect documentation of your income and household size. Please complete this form and submit with other Dependency Override documentation. This review will be conducted by Kansas Wesleyan University in accordance with U.S. Department of Education’s rules 34 CFR, Part 668. If you, OR your spouse will not file taxes for 2021, please be sure to include amounts earned from work in Section B and attach copies of W-2 forms for all 2021 employers.

SECTION A: STUDEN INFORMATION

Student Name: Last	First	Middle Initial	KWU Student ID # or Social Security Number	Date
Student Email address			Student Cell Phone number	

SECTION B: FAMILY INFORMATION

List the people in your household. *Include:*

- Yourself, and your spouse if you have one, **and**
- Your children, if you will provide more than half of their support from July 1, 2023 through June 30, 2024, **and**
- Other people if they currently live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2023 through June 30, 2024.

*****If you need more spaces, please attach a sheet with additional family members listed.*****

Full Name	Age	Relationship to Student	College attending in 2023-24
		Self	Kansas Wesleyan University

Office Use Only:	#		#	Initials
------------------	---	--	---	----------



Student Name: Last First Middle Initial KWU Student ID # or Social Security Number Date

SECTION C: INCOME INFORMATION

Tax returns are Federal 2021 IRS Form 1040, Puerto Rican Tax Return, or a foreign income tax return.

Initial to the left which on the circumstance that is true for you regarding your tax filing status for 2021.

Re: Student's 2021 Tax and Income Information		Office use only												
	<p>I did not and will not file a 2021 U.S. Income Tax Return because (initial one option):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px; vertical-align: top;"> <input type="checkbox"/> I had zero earned or taxable income in 2021 </td> <td style="width: 10%; text-align: center; padding: 5px;">OR</td> <td style="width: 60%; padding: 5px; vertical-align: top;"> <input type="checkbox"/> I had too little taxable income to be required to file a tax return. <i>Please complete the table below and attach a copy of all 2021 W-2 forms student.</i> </td> </tr> </table>	<input type="checkbox"/> I had zero earned or taxable income in 2021	OR	<input type="checkbox"/> I had too little taxable income to be required to file a tax return. <i>Please complete the table below and attach a copy of all 2021 W-2 forms student.</i>										
<input type="checkbox"/> I had zero earned or taxable income in 2021	OR	<input type="checkbox"/> I had too little taxable income to be required to file a tax return. <i>Please complete the table below and attach a copy of all 2021 W-2 forms student.</i>												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%; padding: 5px;">Employer</th> <th style="width: 20%; padding: 5px;">Amount earned in 2021</th> <th style="width: 20%; padding: 5px;">W-2 Attached (Y/N)</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;"> </td> <td style="padding: 5px; text-align: center;">\$</td> <td style="padding: 5px;"> </td> </tr> <tr> <td style="padding: 5px;"> </td> <td style="padding: 5px; text-align: center;">\$</td> <td style="padding: 5px;"> </td> </tr> <tr> <td style="padding: 5px;"> </td> <td style="padding: 5px; text-align: center;">\$</td> <td style="padding: 5px;"> </td> </tr> </tbody> </table>	Employer	Amount earned in 2021	W-2 Attached (Y/N)		\$			\$			\$		
Employer	Amount earned in 2021	W-2 Attached (Y/N)												
	\$													
	\$													
	\$													
	I used the IRS Data Retrieval Tool within the FAFSA to link and transfer my/our 2021 income tax data into my FAFSA.													
	I was unable to use the IRS Data Retrieval Tool within the FAFSA to link and transfer my/our 2021 income tax data; therefore, I attached a copy of my/our 2021 IRS Tax Return Transcript OR a <u>signed</u> copy of my/our 2021 Tax Return (1040) and associated schedules.													
	I have been granted an extension by the IRS beyond October for the 2021 tax year.													

SECTION D: SIGNATURE

WARNING: If you purposely give false or misleading information in establishing eligibility for federal student aid, you may be subject to a Federal fine up to \$20,000, a prison sentence, or both.

By signing this worksheet, I certify that all the information reported to qualify for federal student aid is complete and correct.

Student Signature

Date