



**2016-2017  
Dependency Override/Proof of Independent Status Request or  
Dependency Override Renewal Request**

STUDENT NAME-PRINTED:	STUDENT M#:
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A Dependency Override is designed to evaluate an individual student's extenuating circumstances to determine if the student should be 'independent' for financial aid purposes. Please complete this form and submit it to our office to be considered for a waiver to federal regulations due to **extenuating** circumstances.

Circumstances warranting a review include:	Circumstances NOT warranting a review include:
Unstable family situation (e.g. physical or emotional abuse)	Parent(s) refusal to provide data for the FAFSA
Abusive family environment	Parent(s) do not claim the student for income tax purposes
Abandonment by parents	Parent(s) unwilling or unable to contribute to student's education
Social Services, police or legal intervention	Student demonstrates self-sufficiency
Other relevant unusual circumstance	Student choosing not to live with parent(s)
	Student reluctant to request the income data from parent(s)
	Student does not wish to communicate with parent(s)

**Please check appropriately:**

**I will forward documentation to support my independent status.**

**I do not meet the qualifications to be independent. I am asking for an exception to be made in my case.**

**I have been granted a Dependency Override in a previous academic year and my circumstance has not change. It was granted for the \_\_\_\_ - \_\_\_\_ academic year.**

**You will receive notification from KHEAA regarding the documentation that must be submitted to substantiate your request.**

**All students must provide a brief, detailed statement regarding their situation and request for the Dependency Override.**

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This document must be signed certifying the accuracy of the information provided. Any individual signing this form certifies that all information is complete and accurate. Warning: If any individual purposely gives false or misleading information on this form, he/she may be fined, sentenced to jail, or both.

Murray State University Financial Aid Office does not allow electronic signatures(s).  
All documentation must be completed with original signatures prior to submission to our office, including via email, mail, or fax.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**All questions and documentation regarding the Dependency Override should be directed to:**

**KHEAA  
P.O. BOX 4048 (This is MSU's specific P.O. Box)  
FRANKFORT, KY 40602  
PHONE: 855-272-8771      FAX: 502-696-7230      E-FAX (goes directly to imaging system): 502-696-7457  
EMAIL: verification@kheaa.com**

**HOURS: MONDAY – THURSDAY 8:00 A.M. – 5:30 P.M. (EST) FRIDAY 8:00- 4:30 P.M. (EST)**

