

UNIVERSITY OF TEXAS AT EL PASO
2004-2005 REQUEST FOR DEPENDENCY OVERRIDE

(To be used only by students who are requesting override consideration for the first time)

NAME: _____ SSN: _____/_____/_____ EMAIL: _____

If you believe you have special circumstances that impact your dependency status for the 2004-05 academic year, please complete this form, supply all of the documentation requested, and submit it to the UTEP Office of Student Financial Aid. Typically, special circumstances have to do with situations at home that force an otherwise dependent student to become independent. Do not omit information or documentation, as this will delay the processing. **Unless told otherwise, students must first send off the FAFSA to the Department of Education, then apply for a dependency override.** Application without the required documents may be denied based upon insufficient documentation. A Financial Aid Officer will review your special circumstances request and you will be notified of the results with further instructions as soon as possible, thru mail or e-mail (if one is provided).

Notes:

- Not being claimed on a parent's tax return, or not living with parents is not a basis for considering a student independent.
 - With few exceptions, we can only consider those with **documented proof of having lived on their own for at least one year from time of request.**
- A. Letter from the student detailing the special circumstances that make the student independent from parents. Please explain the following:
1. The nature of your relationship with your parents;
 2. The whereabouts of parents and when you last had contact with them;
 3. Why you cannot obtain information and/or support from your parents; and
 4. How you have been supporting yourself this year.
- B. Two different notarized statements from professionals (teacher, counselor, clergy, social worker) familiar with the situation, further outlining and verifying the special circumstances. Statements must include addresses, telephone numbers and preferably be on letterhead.
- C. Signed copy of your 2003 Income Tax Form.
- D. Copy of your current medical insurance card (if any)
- E. Copy of your current car insurance card (if any).
- F. Complete a 2004-05 FAFSA online at www.fafsa.ed.gov. Unless you are submitting this before February 14, 2004
- G. Student Aid Report (SAR) if FAFSA has been processed.
- H. Copies of lease, rent receipts, notarized statement, or copy of utility bills as proof that you have been on your own for at least one year.
- I. 2004-05 Verification worksheet, which can be found at our website:
<http://www.utep.edu/faidschl/applications.html>
- J. All portions of this form.

PLEASE ANSWER THE FOLLOWING. IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET:

1. Did you live with either parent during the past calendar year? Yes [] or No []. If yes, what was the last day you lived with them ____/____/____. What is the reason your parents do not provide housing now:

2. Do you receive now or have you received in the past year any financial support from your parents (such as monetary gifts, payment of bills, cash for expenses, etc.)? Yes [] or No []. If yes:
 - a. Please indicate the amount for 2003 \$_____, and
 - b. When you stopped receiving the support? ____/____/____.
3. Did your parents file a 2003 Federal Tax Return? Yes [] or No []. Please attach a copy of their return or attach a separate page stating the reason you cannot.
4. Did you file a 2003 Federal Tax Return? Yes [] or No []. If no, why not? _____
5. How much income did you have in 2003: _____
6. If you did file a 2003 Income Tax Return, did you claim yourself? Yes [] or No []. If no, why not?

7. Will anyone beside yourself claim you as a TAX EXEMPTION on his or her 2003 Tax Return? Yes [] or No []. If yes, what is the name and relationship to you? _____

PLEASE ANSWER THE QUESTIONS BELOW:

1. My current permanent address is: Street _____ City, St, Zip _____
2. I have lived at this address since ____/____/____
3. This property is owned by _____
4. Is the residence listed above owned by a relative? Yes [] or No []. If yes, how are you related?

5. What is your total MONTHLY cost for housing? \$ _____
6. What is your MONTHLY cost for utilities? \$ _____
7. What percentage do you pay for items in #6: _____%
8. From what income source will your cost of housing and utilities be paid? _____
9. What is the approximate MONTHLY cost of food? \$ _____
10. From what income source are food costs paid? _____
11. What is the approximate MONTHLY cost for gas and car maintenance? \$ _____
12. What is the source of income for payment of gas and maintenance? _____
13. From what income source are car payments made? _____
14. Do you have car insurance? Yes[] or No []. If yes, please attach a copy of the policy or the proof of insurance card.
15. Do you have health insurance? Yes [] or No []. If yes, please attach a copy of the policy page that only indicates you are on the policy.

WHAT DO YOU EXPECT YOUR INCOME AND EXPENSES TO BE IN 2004?

Estimated 2004 taxable income (wages, interest income, etc.):

In 2004 how much will you earn from work? \$ _____
 In 2004 how much other taxable income will you have? \$ _____
 In 2004 how much will be received in unemployment benefits? \$ _____

Estimated 2004 untaxed income and benefits

Social Security Benefits: \$ _____
 Aid to families with Dependent Children (AFDC or ADC) \$ _____
 Other untaxed income and benefits (child support, etc.) \$ _____

CERTIFICATION

All of the information on this form is true and complete to the best of my knowledge. I understand that if all the information requested above is not supplied, that no action will be taken on this request. If asked by an authorized official, I agree to give proof of the information I have given on this form. I realize this proof may include a copy of my U.S. Income Tax Return. I also realize if I do not give proof when asked, I may not be processed for financial aid. I also understand any suspected fraud will be reported to the appropriate authorities and the Office of Inspector General. Such things as forged, falsified or counterfeit documents, irregular signatures and certifications, false or fictitious names, addresses, and SSNs, consistent misreported information, false claims of dependency and/or citizenship status, offers and/or paid kickbacks to school staff, unreported or misreported receipt of student aid. No student or prospective student will be excluded from participation in or be denied the benefits of financial aid on the basis of race, color, age, national origin, religion, or sex. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined or sentenced to jail, or both.

Student Signature _____ SSN: ____/____/____ Date _____

RETURN COMPLETED FORM TO:

**THE UNIVERSITY OF TEXAS AT EL PASO
 OFFICE OF STUDENT FINANCIAL AID
 202 W. UNION BLDG, EL PASO, TX 79968-0629
 (915) 747-5204 FAX: (915) 747-5631**

With few exceptions, you are entitled on your request to be informed about the information the University of Texas at El Paso collects about you. Sections 552.021 and 552.023 of the Texas Government code, you are entitled to receive and review the information. Under Section 559.001 of the Texas Government code, you are entitled to have the University of Texas at El Paso correct information about you that is held by us if incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32. The information the University of Texas at El Paso collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government code) and rules. Different types of information are kept for different periods of time.

FOR FINANCIAL AID USE ONLY

Action Taken: _____ Date ____/____/____
 FAO Signature _____
 Comments/Reason: _____