

2026 Dependency Override FODN_E

Last Name ______ M.I. _____ Student Number _____

2025-2026 Unusual Circumstance: Student Dependency Status Determination Form

A student who does not meet the federal criteria for independent status on the 2025-2026 Free Application for Federal Student Aid (FAFSA) may submit this form and supporting documentation for a determination of dependency status. The Higher Education Act allows a financial aid administrator to make dependency overrides on a case-by-case basis.

This form must be completed and appropriate documents must be attached prior to review by the Office of Financial Aid and Scholarships. You are encouraged to contact Tim Bakula (<u>tim.bakula@uni.edu</u> or 319-273-2722) in the Office of Financial Aid and Scholarships if you have questions regarding this form. Consideration of your circumstances will not automatically grant you independent status.

Unusual Circumstances that would be reviewable include (but are not limited to):

- Left home due to an abusive or threatening environment
- Are abandoned or estranged from parents
- Have refugee or asylee status and are separated from their parents, or their parents are displaced in a foreign country
- Are a victim of human trafficking
- Are incarcerated, or parents are incarcerated, and contact with the parents would pose a risk to the student
- Are otherwise unable to contact or locate parents

SECTION ONE: CONTACT INFORMATION & PERSONAL NARRATIVE

Telephone:	Email:	
Mailing Address:		
City:	State:	Zip Code:

SECTION TWO: Provide a detailed explanation regarding your inability to provide parental information on the FAFSA. Your explanation should include information regarding your family circumstances since you were age 16 (earlier if pertinent) and why your parents cannot complete the FAFSA and/or assist you with your educational expenses. *Please attach additional documentation as needed to fully explain your circumstances.* Required references will be outlined in Section 3.

NOTE: The Department of Education provides guidance which indicates that "financial independence" and/or parents inability or unwillingness to complete the financial aid application process, is not reason enough to consider a student independent on the FAFSA. In general, dependency overrides are only approved if the student demonstrates circumstances such as abuse, neglect, parental imprisonment, or other situations that may place the student in danger if required to obtain parental information.

Policy 13.02 Notice: If your essay includes the disclosure of discrimination, harassment, sexual violence, sexual harassment, or other sexual misconduct, please be aware that your appeal will be shared with the University Title IX Officer so that appropriate resources may be offered to you. For more information, please refer to the <u>UNI Policy on Discrimination, Harassment and Sexual Misconduct</u> (PDF).

Office of Financial Aid & Scholarships / 105 Gilchrist Hall / Cedar Falls, Iowa 50614-0024 / P 319-273-2700 / F 319-273-6950 / finaid.uni.edu



SECTION THREE: INCOME

Please indicate the amount and the source of your annual income for 2023. (Example: wages, monetary gifts, interest income, etc.)

Amount of Income	Source of Income	
\$		
\$		
\$		
What was the most r	ecent date you received support from	and/or lived with your parents?
Were you or will you	be claimed as a tax exemption by any	one other than yourself in 2024?
No Yes	If yes, by whom?	

SECTION FOUR: REFERENCES

Please submit the following required documentation with this form:

- Statements from two different professional references stating why independent status should be granted to you. Reference forms are attached. Professional references include, but are not limited to teachers, school administrators, ministers/priests, lawyers, physicians, counselors, or other professional individuals who are familiar with your family situation and are able and willing to verify your circumstances upon request. References may not be family members or friends.
 - References should include their knowledge of your family circumstances and why they feel you should be considered an independent student for financial aid purposes.
- Any other documentation that will help to support your request for independent status. References may submit the reference form through the following methods:

UNI Office of Financial Aid and Scholarships Attention: Tim Bakula 105 Gilchrist Hall Cedar Falls IA 50614-0024 Email: tim.bakula@uni.edu Fax: 319-273-2320, attn.: Tim Bakula





2025-2026 Student Dependency Status Determination Appeal

REFERENCE ON	E
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Email: tim.bakula@uni.edu

Student's Name _____

What is your professional relationship to this student?

Explain why you feel this student should be considered independent for financial aid purposes. You may attach documentation that you feel supports this appeal.

I am familiar with the above named student's family circumstances. I affirm the information provided by me is true and correct. I agree to respond to inquiries concerning the student's circumstances.

Signature	Date
Printed Name	Telephone
Agency/Employer	
Please mail, email or fax this completed form directly to:	
UNI Office of Financial Aid and Scholarships	
Attention: Tim Bakula	
105 Gilchrist Hall	
Cedar Falls, IA 50614-0024	
Fax: (319) 273-2320	

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