



# Florida Agricultural and Mechanical University

TALLAHASSEE, FLORIDA 32307-3100

DIVISION OF STUDENT AFFAIRS  
OFFICE OF FINANCIAL AID

TELEPHONE: (850) 599-3183  
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## 2025-2026 DEPENDENCY OVERRIDE APPLICATION

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_  
FAMU E-mail Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Street Name City State Zip  
Home Telephone \_\_\_\_\_ Other Telephone \_\_\_\_\_

**Federal Regulations state that a student is considered independent for financial aid if he or she can answer yes to any one of the following questions:**

- Were you born before January 1, 2002?
- Will you be working on a degree beyond a bachelor's degree in school year 2025-2026?
- As of today, are you married? Answer yes if you are separated, but not divorced.
- Do you have children who received more than half of their support from you? Do you have dependents, other than your children or spouse, who live with you and receive more than half of their support from you?
- Are you an orphan or ward of the court, or were you a ward of the court until age 18?
- Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training?
- Are you a veteran of the U.S. Armed Forces? If yes, submit your DD214 form.
- At any time since you turned age 13, were both your parents\* deceased, were you in foster care or were you a dependent or ward of the court?
- Are you or were you an emancipated minor as determined by a court in your state of legal residence?
- Are you or were you in legal guardianship as determined by a court in your state of legal residence?
- At any time on or after July 1, **2024**, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless?
- At any time on or after July 1, **2024**, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development **determined** that you were an unaccompanied youth who was homeless?
- At any time on or after July 1, **2024**, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?

If you do not meet any of the criteria listed above and feel your circumstances warrant review for independent status, submit this form and supporting documents to the Office of Financial Aid for review.

A student is not considered independent solely on:

- self-sufficiency
- a parent's unwillingness to provide information
- a parent's unwillingness to assist with educational expenses
- a parent not claiming the student as a dependent for income tax purposes

**INSTRUCTIONS:** Attach documents listed below

- ☐ Submit a detailed written statement explaining your extenuating circumstances.
  - the reason you are not in contact with your parents
  - details about how you have supported yourself since you last had contact with your parents
  - the reason parental information is not available
  - information about any support you received from other persons since you last had contact with your parents
- ☐ Submit two letters of support from city, state, federal agencies, school or community members (clergy, teachers, or social workers) who are familiar with your situation. Letters of support should include the name and relationship (to you) of the person providing the statement and how long the agency or person has been aware of your situation.
- ☐ Submit a signed copy of your **2024** federal tax transcript. If you did not file a tax return, provide an explanation of how you have supported yourself. Attach a copy of your W-2s if you worked but did not file a tax return

**Certification Statement:**

The enclosed information is true and correct. I understand that any false statements or misrepresentations will cause for denial, reduction, cancellation, or repayment of financial aid.

**Student Signature** \_\_\_\_\_

**Date**\_\_\_\_\_

**Office Use Only**

Date Received \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Additional information requested \_\_\_\_\_

Comments \_\_\_\_\_