

2023-2024 Renewal Request for Independent Status

Directions: In order to justify a dependency override, a history of family estrangement from **both** parents and/or dysfunction regarding **both** parents must exist. This form can be used to request a review of extenuating circumstances regarding your dependent status. Examples of estrangement or dysfunction include, but are not limited to abuse, abandonment, drug abuse, and parent incarceration. These extenuating circumstances must be documented by an objective third party (i.e. high school or college counselor, social services agency official, pastor or clergy, mental health professional, law enforcement officer, teacher, etc.) to qualify. **The following examples will not make you independent:**

- *Parents refuse to financially contribute to the student's education*
- *Parents refuse to fill out information necessary to complete the FAFSA*
- *Parents do not claim the student as a dependent for income tax purposes*
- *Student demonstrates total self-sufficiency*

How to Submit Form: Upload through the [Document Uploader](#)

STEP 1: FAFSA

Fill out your 2023-2024 FAFSA at studentaid.gov. **Do not submit this form until your FAFSA has been submitted.**

STEP 2: STATUS CHECKLIST

A dependency override is granted on a yearly basis. If you were granted a dependency override at UTSA in 2023-2024, please reapply by turning in **ALL** of the following information. A renewal does not guarantee approval, as a decision will be made after review of your current status. **We cannot process a request without all documentation, and additional documentation may be requested.**

1. Submit an updated typed and signed letter detailing the special circumstance that makes you independent from your parents.
2. Attach a copy of your 2021 Federal Tax Return Transcript, or a signed copy of your 2021 Federal Tax Return; list of income earned for 2021; **and** submit the W-2 form(s) or other earning statement(s) if available.

STEP 3: CERTIFICATION AND SIGNATURES

Certification Statement: Your signature on this document confirms your acknowledgment of the following:

- *The information submitted for review is true and correct to the best of your knowledge.*
- *Providing false information may result in reduced eligibility, repayment of aid, or both.*
- *During peak seasons, there may be a 5-7 business day processing time for the request.*
- *Status of the request will be emailed to your preferred email account as you indicated on ASAP.*
- *You have read each section and have provided the required documentation and realize that more may be required upon request.*

Student Email: _____ Telephone #: _____

Student Signature: _____ Date: _____

UTSA OFFICE USE ONLY:

RRAAREQ Code: DEPOVR

WebX Code: FA_DEP_OVERRIDE

Form revised 12/8/22

Date: _____ Received By: _____ Processed By: _____