



PETITION FOR DEPENDENCY OVERRIDE 2026-2027

Student Information

Name _____ ID # _____

Directions

Complete this form if you do not meet the federal criteria to be considered independent for financial aid purposes but can demonstrate a compelling reason for excluding parental information on your 2026-27 Free Application for Federal Student Aid (FAFSA).

Reason for Override Request

Complete this form based on your relationship with your biological or legal parent(s). Due to the sensitive nature of this type of information, please be assured that any information you share with Financial Aid will remain confidential.

Conditions that MAY warrant a dependency override are listed below. Please mark all that apply to your situation.

- ☐ **Abandonment:** Your parent(s) retained legal custody of you, but voluntarily left or were purposely absent. Their whereabouts are unknown, or you cannot readily reach them. You have not had contact with your parent(s), they did not claim you on their most recent income tax return, and they have not provided you with any emotional or financial support (including health or auto insurance coverage) for an extended period of time.
- ☐ **Abuse:** Your health or safety was at risk due to living with your parent(s) in an environment that included physical, sexual, emotional, verbal or substance abuse.
- ☐ **Incarceration:** At least one parent is in prison as a result of their participation in illegal activities and you do not have contact with or receive any support from your other parent.
- ☐ **Institutionalization:** At least one parent is institutionalized and lacks the mental capacity to complete the FAFSA and you do not have contact with or receive any support from your other parent.
- ☐ **Death:** Your custodial parent is no longer living, and you do not have contact with or receive any support from your other parent.
- ☐ **Location Unknown:** Your parents do not reside in the United States and cannot be contacted.
- ☐ **Conflicting Beliefs or Practices:** Your parents disowned or severed ties with you because your beliefs, practices or preferences differ from theirs in one or more of the following areas: Race, religion, education, health, gender, sexual orientation or cultural expectations.

Complete the information below based on your relationship with both of your biological/legal parents.

1. What are your Parent's names?

Mother: _____

Father: _____

2. Provide the month and year that your relationship with your parents ended _____

3. Mark the statement below that best describes your situation:

- ☐ I was living with my parent(s) and was kicked out or told I could no longer live with them.
- ☐ I was living with my parent(s) and left the home due to abuse, conflict or discord.
- ☐ I lived with my parents until I turned 18 or graduated from high school and was not forced to move out.
- ☐ I never lived with either parent but was never legally adopted by or under legal guardianship of anyone else.
- ☐ Other (please explain) _____

4. To your knowledge, did your parent(s) claim you as a dependent/exemption on their most recent federal income tax return?
Yes No

5. To your knowledge, are you currently under your parent(s)' insurance policies, cell phone plan, gym membership, etc.?
Yes No

Financial Aid Office: Student Center Room 304
Mail: PO Box 310 Port Arthur, TX 77641
Phone: 409-984-6203 * Fax: 409-984-6025
FinancialAid@lamarpa.edu

Dependency Information

Definition of a Dependent Student

The basic premise underlying student financial aid is that it is primarily the responsibility of the student and his or her family to pay educational costs. When family resources are insufficient, financial aid may be awarded to supplement the resources of the student's family to help pay educational expenses. The US Congress and Department of Education determine the criteria for whether a student is considered dependent or independent of their parents for financial aid purposes. Generally, how an applicant responds to "Step Three" on the FAFSA determines their dependency status.

The questions in "Step Three" are:

- Were you born before January 1, 2001?
- As of today, are you married? (Also answer "Yes" if you are separated but not divorced.)
- At the beginning of the 2026-2027 school year, will you be working on a master's or doctorate program (such as an MA, MBA, JD, PhD, EdD, graduate certificate, etc.)?
- 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?
- Do you now have or will have children who will receive more than half of their support from you between July 1, 2026 and June 30, 2027?
- Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2027?
- 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?
- As determined by a court in your state of legal residence, are you or were you an emancipated minor?
- Does someone other than your parent or stepparent have legal guardianship of you, as determined by a court in your state of legal residence?
- At any time on or after July 1, 2026, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?
- At any time on or after July 1, 2026, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?
- At any time on or after July 1, 2026, 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?

Request for an Override from Dependent to Independent

If you do not meet one of the above conditions, but still feel there are extenuating circumstances which might warrant you're being considered independent of your parents, you may explain those circumstances in a petition to the Financial Aid Appeals Team. By petitioning, you are asking us to relieve your parents of the responsibility for using their resources to pay part of your college costs. Only very extenuating circumstances will make it reasonable to approve such a petition.

Circumstances Meriting Review

The following factors will be considered in determining whether the case merits review:

- Student living outside parent's home since pre-puberty (approx. age 12)
- Social service, police, or legal intervention
- Any other relevant unusual circumstance not listed above, with the discretion of the Financial Aid Appeals Team

Circumstances that do NOT Merit Review

- Having sufficient resources to pay your own expenses is NOT considered an extenuating circumstance.
- Your unwillingness to seek financial assistance from your parent(s).
- The unwillingness of your parent(s) to provide parental data on your financial aid application (FAFSA) and/or to financially support your education. Please Make an appointment to speak with a Financial Aid Specialist if you have this situation.

You must complete your FAFSA prior to requesting a Dependency Override. You should complete and submit your FAFSA, excluding your parent information.

NOTE: Submission of the FAFSA to the US Department of Education is partly for the purpose of determining what level of contribution should be expected from the family. For low-income families, this contribution is often zero or minimal, and a change in dependency status may have little influence on the student's eligibility for financial aid.

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Documentation Needed

The following documents must be submitted with this form for consideration of your override. Failure to include all requested documentation will result in automatic denial of your override request.

1. A signed personal statement from you, the student, describing the history of your relationship with both parents. Include step-parents if applicable. Whenever possible, provide specific examples of the events that led to the breakdown in your relationship with your parents. Your statement must also include the following:
 - Where and with whom you lived from the time you stopped living with your parents through now
 - Who provided your financial support from the time you stopped living with your parents through now? If you didn't receive any financial support from others, explain how you supported yourself (i.e. job, financial aid, food stamps, etc.).
 - Last contact you had with your biological parents and the frequency of contact with them over the past year(s).
2. Did you file a 2024 IRS tax return?
 - Yes, attach a completed Verification Worksheet and a 2024 IRS Tax Return Transcript (not photocopies of the income tax return.)
 - No, attach a completed Verification Worksheet, Student No Taxes Filed Form, a letter of Verification of Non-Filing from the IRS and Wage and Income Transcript from the IRS (www.irs.gov).
3. Two letters of support from parties who can confirm the dissolution of your relationship with your parent(s) by providing specifics about your family situation. **All letters must be notarized or submitted on an official letterhead for the organization and include telephone number and signature of the individual writing the supporting statement.**
 - The first letter must be from an unbiased professional such as a teacher, the AFDC agency, a social worker, a psychologist, a minister, a counselor, the organization with which you lived in 2024 or some other official source who can verify your independence from your parents.
 - The second letter may be from a friend, relative, neighbor or anyone with knowledge of your family situation.
4. If your custodial parent has passed away, submit a copy of their death certificate, obituary or memorial program.

Certification and Signature

The decision of the Financial Aid Office at Lamar State College Port Arthur is final and cannot be appealed to the U.S. Department of Education.

I certify that the information provided on this form is true and complete to the best of my knowledge. I understand that that a dependency override in future years is not automatic and I will be required to complete an override renewal if my relationship with my parent(s) has not changed. I agree to notify LSCPA Office of Financial Aid if the relationship with my parent(s) is reestablished or they provide me with any financial support*.

I understand that purposely giving false or misleading information may result in fines, penalties, and/or reduction or immediate repayment of any financial aid I received.

I understand that it is my responsibility to pay all outstanding balances on my account while waiting for an appeal decision. Regardless of the appeal decision, I am responsible for any late fees incurred. My appeal will not be reviewed until all documentation has been received. I will receive an email notifying me once it has been reviewed.

Student's Signature _____ Date _____

*Financial support includes, but is not limited to, giving you money, paying bills on your behalf, covering you on an insurance policy, etc.

Office Use Only

☐ Approved ☐ Denied Financial Aid Officer: _____ Date: _____

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