



Roger Williams UNIVERSITY 2025-2026 Unusual Circumstances Form for Dependency Override

In order for the Roger Williams University Office of Student Financial Aid to consider your request for a “Dependency Override” you must complete this form in its entirety and provide the following documentation. All requests for a determination of independence must be reviewed no later than 60 days of the student making such request. Failure to provide any required documentation may result in a denial of your request.

- 1) A personal letter of appeal explaining the reason for your request for a Dependency Override. The letter should be typed and provide as much detail as possible describing your separation from your parent(s). You are required to include the following information:
 - ✓ The whereabouts of your biological or adopted father and his current living arrangements. Include the last contact you had with your biological father and the frequency of contact with him over the past five (5) years.
 - ✓ The whereabouts of your biological or adopted mother and her current living arrangements. Include the last contact you had with your biological mother and the frequency of contact with her over the past five (5) years.
 - ✓ Why you cannot provide parental financial information on the 2025-2026 Free Application for Federal Student Aid (FAFSA).
 - ✓ Your living arrangements over the past five (5) years. With whom have you resided? Who has provided support for you over the past five (5) years?
 - ✓ Your name and signature.
 - ✓ If you provided information in the parental section of the FAFSA, whose was it?

- 2) Letters from three adults who can attest to your situation. Their letters should be one to two pages in length and provide as much detail as possible describing your separation from your parents.
 - ✓ The letters should be on letterhead and from a professional individual not related to the student: a counselor, social worker, therapist, clergy, police, etc.
 - ✓ If necessary, the third letter can be from a non-professional adult.
 - ✓ Each letter must include the individual’s name, title or position, address and must be signed.
 - ✓ The individuals cannot be related to each other and they must reside at separate addresses.

- 3) A completed and signed 2025-2026 Free Application for Federal Student Aid (FAFSA) submitted prior to the Override Request, please leave parental information blank.

- 4) A successful use of the student FA Direct Data Exchange on the FAFSA or a copy of the student’s 2023 Federal Tax Return (include all schedules, if applicable) and all corresponding W2’s.

- 5) A completed and signed 2025-2026 Verification Form (obtained from this office).

Submit all documentation to the Roger Williams University Office of Student Financial Aid



Roger Williams UNIVERSITY 2025-2026 Unusual Circumstances Form for Dependency Override

Please print clearly. Do not leave any item blank.

Name: _____

1. Did anyone claim you on their 2023 Federal Income Tax Return?
 _____ NO
 _____ YES – Person’s Name: _____
 Relationship to you: _____

2. Did anyone claim you on their 2022 Federal Income Tax Return?
 _____ NO
 _____ YES – Person’s Name: _____
 Relationship to you: _____

3. Did you receive AFDC/TANF (welfare), SSI (disability), or Social Security checks in 2023?
 _____ NO
 _____ YES – List the source(s): _____
 How much was received per month in 2023: _____
 Number of months you received assistance in 2023: _____

4. Provide the following information (you may be asked to provide supporting documentation) about your **MONTHLY** expenses for 2023:

MONTHLY EXPENSES	PAID FOR BY:				
	EXPENSE	AMOUNT	ME	PARENT(S)	OTHER
Tuition & Fees					
Books & Educational Supplies					
Rent/Mortgage/Room Fees					
Utilities(gas/electric/water/phone/etc.)					
Food (including campus board)					
Transportation					
Auto (Loan payments/insurance/gas)					
Personal Loans (if any)					
Credit Cards					
Medical Expenses (including insurance					
Child Care					
Insurance (personal/home/apartment)					
Clothing					
Recreation/Entertainment					
Other					
Other					

TOTAL EXPENSES: \$ _____

By signing the Student Certification on the next page, I certify that the above information is true to the best of my knowledge.



STUDENT CERTIFICATION

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT IT WILL BE USED TO OVERRIDE FEDERAL REGULATIONS REGARDING MY DEPENDENCY STATUS.

I FULLY UNDERSTAND THAT TO FALSIFY ANY INFORMATION ON THIS FORM IN ORDER TO RECEIVE FEDERAL TITLE IV FUNDS IS A FEDERAL OFFENSE PUNISHABLE BY A \$20,000 FINE, IMPRISONMENT, OR BOTH.

I UNDERSTAND THAT IF MY SITUATION CHANGES IN ANY WAY, IF I MOVE BACK WITH MY PARENTS OR RECEIVE ANY KIND OF SUPPORT FROM THEM, THAT I MUST REPORT THIS INFORMATION TO THE ROGER WILLIAMS UNIVERSITY OFFICE OF STUDENT FINANCIAL AID.

I UNDERSTAND THAT BY SIGNING THIS FORM, I AUTHORIZE THE ROGER WILLIAMS UNIVERSITY OFFICE OF STUDENT FINANCIAL AID TO CONTACT MY THIRD-PARTY REFERENCES AND VERIFY ANY INFORMATION SUPPLIED ON THIS FORM.

Student Signature: _____

Date: ____/____/____



INSTRUCTIONS FOR THIRD PARTY DOCUMENTATION

*In extraordinary and documented cases, the **Roger Williams University Office of Student Financial Aid** has the authority to use professional judgment to override a student's dependency status in order to make a student independent for the purpose of applying for financial aid. A student must be unable to obtain his/her parents' information because of extenuating circumstances.*

*Parents' unwillingness to provide information or inability to help support the student are not acceptable reasons for an appeal. Students must submit a **Dependency Override Request** and **Third Party Reference Letters** to **Roger Williams University Office of Student Financial Aid** for consideration of the dependency override.*

*The information stated in the **Dependency Override Request** must be verified by a third party who is aware of the student's home situation and can verify the information provided. Examples of such a person include, but are not limited to: employer, clergy, social worker, attorney, court official, teacher, counselor, psychiatrist, psychologist, medical professional, law enforcement agent, etc.*

Instructions for Third Party Reference:

Third party documentation must be typed, and on a separate sheet of letterhead paper. Please include any information of which you have firsthand knowledge and that you feel best describes the student's situation. The following is a list of information that **MUST** be included in your letter:

- ✓ *How long you have known the student.*
- ✓ *Your relationship to the student.*
- ✓ *To the best of your knowledge, the last time the student lived with and/or received financial support from his/her parents.*
- ✓ *Any knowledge of the student's relationship with his/her parents.*
- ✓ *The steps the student has taken to establish independence from his/her parents.*

Please make sure to include your professional title, name and type of business, business address, telephone number, and where to contact you should any additional information be required.