THE UNIVERSITY OF TEXAS AT TYLER

Dependency Status Confirmation

You didn't report information about your parents because you indicated that you are an unaccompanied youth and homeless, an unaccompanied youth at risk of homelessness, or you have an unusual circumstance. You therefore need to provide additional documentation to verify your dependency status. Please follow the below guide to refer to the correct page for this documentation:

- **As determined by a court in your state of legal residence, are you or were you an emancipated minor?**
  - If so, refer to Page 2.
- **At any time on or after the age of 13, 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?**
  - If so, refer to Page 3.
- **At any time on or after July 1, 2023, 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?**
  - If so, refer to Page 3.
- **At any time on or after July 1, 2023, 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 so, refer to Page 3.
- **Does someone other than your parent or stepparent have legal guardianship of you, as determined by a court in your state of legal residence?**
  - If so, refer to Page 4.
- **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?**
  - If so, refer to Page 5.
- **If none of the above apply, please refer to Page 6.**
- **If you have received a Dependency Override in the past, please go to www.uttyler.edu/financialaid/forms/ and complete the "Dependency Override Request Renewal" instead of this form.**

Office of Financial Aid
3900 University Blvd., Tyler, Texas 75799
www.uttyler.edu/financialaid/
Phone (903) 566-7180

Dependency Status Confirmation - Emancipated Minor

Confirmation of Dependency Status:

Student ID: _____

You answered "Yes" to the following question on the first page:

- **As determined by a court in your state of legal residence, are you or were you an emancipated minor?**

Check the **ONE** box below that applies to you:

☐ I am/was an emancipated minor. **I have attached the court decision confirming my emancipated minor status.**

☐ I cannot provide documentation showing that I am/was an emancipated minor nor can I provide parental information. Please provide me with more information on the Dependency Override process at UTT.

☐ I answered "Yes" to this question in error. I will correct my answer and provide parental information on myFAFSA at www.studentaid.gov.

☐ I **will not** attend UTT during this academic year (fall/spring/summer) and will not be seeking financial aid at UTT.

I certify that all the information contained on this form and the required documentation is complete and correct. I understand that I must sign and return this form and/or take additional action as outlined above for my financial aid to be processed. **Electronic Signatures are not accepted.**

Signature: _____ Date: _____

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THE UNIVERSITY OF TEXAS AT TYLER

Dependency Status Confirmation - Homelessness

Confirmation of Dependency Status:

Student ID: _____

You answered "Yes" to the following question on the first page:

- **At any time on or after the age of 13, 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, 2023, 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, 2023, 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?**

Check the **ONE** box below that applies to you:

☐ I was an unaccompanied youth who was homeless. I have attached letter from my high school/school district homeless liaison.

☐ I was an unaccompanied youth who was homeless. I have attached a letter from the director of an emergency shelter or transitional housing program.

☐ I was an unaccompanied youth who was homeless. I have attached a letter from the director of a runaway or homeless youth basic center or transitional living program.

☐ I am renewing my homelessness determination from a previous term and have attached a letter explaining my current circumstances

☐ I cannot provide documentation showing that I was an unaccompanied youth who was homeless nor can I provide parental information. Please provide me with more information on the Dependency Override process at UTT.

☐ I answered "Yes" to this question in error. I will correct my answer and provide parental information on my FAFSA at www.studentaid.gov.

☐ I will not attend UTT during this academic year (fall/spring/summer) and will not be seeking financial aid at UTT.

I certify that all the information contained on this form and the required documentation is complete and correct. I understand that I must sign and return this form and/or take additional action as outlined above for my financial aid to be processed. **Electronic Signatures are not accepted.**

Signature: _____ Date: _____

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UTTyler
THE UNIVERSITY OF TEXAS AT TYLER

Dependency Status Confirmation - Legal Guardianship

Confirmation of Dependency Status:

Student ID: _____

You answered "Yes" to the following question on the first page:

- **Does someone other than your parent or stepparent have legal guardianship of you, as determined by a court in your state of legal residence?**

Check the **ONE** box below that applies to you:

☐ I am/was in legal guardianship**. I have completed the section below and attached a copy of the court decision indicating that I am/was in legal guardianship.**

Name of Legal Guardian(s)	Relation to Student

☐ I cannot provide court documentation to support legal guardianship nor can I provide parental information. Please provide me with more information on the Dependency Override process at UTT.

☐ I answered "Yes" to this question in error. I will correct my answer and provide parental information on my FAFSA at www.studentaid.gov.

☐ I **will not** attend UTT during this academic year (fall/spring/summer) and will not be seeking financial aid at UTT.

I certify that all the information contained on this form and the required documentation is complete and correct. I understand that I must sign and return this form and/or take additional action as outlined above for my financial aid to be processed. **Electronic Signatures are not accepted.**

Signature: _____ Date: _____

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THE UNIVERSITY OF TEXAS AT TYLER

Dependency Status Confirmation - Orphaned, Foster Care, Ward of the Court

Confirmation of Dependency Status:

Student ID: _____

You answered "Yes" to the following question on the first page:

- **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?**

Check the **ONE** box below that applies to you:

- ☐ Both of my parents have passed away. **I have attached a written statement indicating the names of both of my parents and the dates they passed away.** Note: if you have since been legally adopted, you must correct your answer and provide your adoptive parents' information on your FAFSA at www.studentaid.gov.
- ☐ I am/was in foster care. **I have attached documentation to support this fact.**
- ☐ I am/was a dependent or ward of the court. **I have attached a copy of the court orders.**
- ☐ I cannot provide documentation showing that I am/was in foster care or a ward of the court nor can I provide parental information. Please provide me with more information on the Dependency Override process at UTT.
- ☐ I answered "Yes" to this question in error. I will correct my answer and provide parental information on my FAFSA at www.studentaid.gov.
- ☐ I **will not** attend UTT during this academic year (fall/spring/summer) and will not be seeking financial aid at UTT.

I certify that all the information contained on this form and the required documentation is complete and correct. I understand that I must sign and return this form and/or take additional action as outlined above for my financial aid to be processed. **Electronic Signatures are not accepted.**

Signature: _____ Date: _____

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UTTyler
THE UNIVERSITY OF TEXAS AT TYLER

Initial Dependency Override Request

Please follow the steps below to be considered for a Dependency Override. Your application will not be reviewed unless **all** requirements are met.

- Complete the certification on this form.
- Attach at least three (3) letters of reference.
  - Two (2) must be professional references. Professional reference can include clergy, counselor, teacher, lawyer, etc.
- Attach personal statement indicating relationship with mother and father. Completed Free Application for Federal Student Aid paper form if not already submitted.
- Return all documents to our office.

I am requesting consideration for a Dependency Override at the University of Texas at Tyler. I certify that I qualify for consideration due to a breakdown in my family structure caused by abuse, abandonment or neglect. I request to be considered as an independent student for financial aid purposes and have attached the required documentation to this form. I understand that I must sign and return this form for my financial aid to be processed. **Electronic signatures are not accepted.**

Student ID: _____

Student's Signature: _____ **Date**: _____

For Counselor Use Only:

Approved: _____ **For Aid Year:** _____ **Date**: _____

Denied: _____

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www.uttyler.edu/financialaid/
Phone (903) 566-7180

Dependency Override Reference

Student Name: _____ Student ID:_____
(Last, First, MI)

Reference Information:

Name: _____ Telephone:_____
(Last, First, MI)

Street Address:_____

City, State:_____ Zip Code:_____

- How long have you known the Student? _____
- What is your relationship to the student? _____
- With whom does the student reside? _____

Please explain what you know concerning the student's relationship with his or her parent(s). Use the space below, the backside of the form, or attach a separate letter if necessary.

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I certify that all information contained on this form is true and accurate. I understand that I may be contacted if further information is needed. Electronic signatures are not accepted.

Signature:_____ Date: _____

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www.uttyler.edu/financialaid/
Phone (903) 566-7180

Dependency Override Reference

Student Name: _____ Student ID:_____
(Last, First, MI)

Reference Information:

Name: _____ Telephone:_____
(Last, First, MI)

Street Address:_____

City, State:_____ Zip Code:_____

- How long have you known the Student? _____
- What is your relationship to the student? _____
- With whom does the student reside? _____

Please explain what you know concerning the student's relationship with his or her parent(s). Use the space below, the backside of the form, or attach a separate letter if necessary.

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I certify that all information contained on this form is true and accurate. I understand that I may be contacted if further information is needed. Electronic signatures are not accepted.

Signature:_____ Date: _____

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Dependency Override Reference

Student Name: _____ Student ID:_____
(Last, First, MI)

Reference Information:

Name: _____ Telephone:_____
(Last, First, MI)

Street Address:_____

City, State:_____ Zip Code:_____

- How long have you known the Student? _____
- What is your relationship to the student? _____
- With whom does the student reside? _____

Please explain what you know concerning the student's relationship with his or her parent(s). Use the space below, the backside of the form, or attach a separate letter if necessary.

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I certify that all information contained on this form is true and accurate. I understand that I may be contacted if further information is needed. Electronic signatures are not accepted.

Signature:_____ Date: _____

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