



**AUBURN UNIVERSITY**  
**Financial Aid**  
**2009-2010**  
**REQUEST FOR DEPENDENCY OVERRIDE**

The federal criteria for being considered self-supporting (independent) are as follows:

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1. Were you born **before** January 1, 1986?
  2. Are you a veteran of the U.S. Armed Forces?
  3. Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training?
  4. At the beginning of the 2009-2010 school year, will you be working on a master's or doctorate program?
  5. As of today, are you married? (Answer "Yes" if you are separated but not divorced.)
  6. At any time since you turned 13, were both your parents deceased, were you in foster care or were you a dependent or ward of the court?
  7. Do you have children who receive more than half of their support from you between July 1, 2009 and June 30, 2010?
  8. 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, 2010?
  9. Are you or were you an emancipated minor as determined by a court in your state or legal residence? (Court documentation required)
  10. Are you or were you in legal guardianship as determined by a court in your state of legal residence? (Court documentation required)
  11. At any time after July 1, 2008, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless? (Signed documentation required)
  12. At any time on or after July 1, 2008, 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? (Signed documentation required)
  13. At any time on or after July 1, 2008, 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 self-supporting and at risk of being homeless? (Signed documentation required)
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**If you believe due to unusual circumstances, you should be considered for financial assistance as an independent student, outline below your basis for this belief. Submit this form along with any supporting documentation you feel pertinent to your situation.**

NAME \_\_\_\_\_ ID# \_\_\_\_\_

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By signing this document, I certify that all the information provided to my school to complete my financial aid package is correct.

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

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