



AMHERST COLLEGE

Office of Financial Aid

Dependency Override Instructions and Petition

The *FAFSA Simplification Act* (HEA Sec. 480(d)(9)) amends section 479A of the Higher Education Act (HEA). You are a *dependent* student if you are under the age of 24 and answered “No” to the dependency questions on the FAFSA (numbers 42-54). This definition means your parents must provide their financial information on the FAFSA and CSS Profile.

However, Amherst recognizes that you may face unusual family circumstances and may need to request reconsideration of your dependency status. Students can request a *dependency override* by contacting the Office of Financial Aid and submitting a petition for dependency override with supporting documentation.

The Office of Financial Aid reviews each request for a dependency override on a case-by-case basis. Requests will be reviewed within 2-3 weeks, and you will be notified by email to your Amherst address with the outcome.

Unusual circumstances that may be considered for a dependency override:

- Human Trafficking, as defined in the Trafficking Victims Protection Act of 2000
- Legally granted refugee or asylum status
- An abusive family environment
- Abandonment and/or estrangement by parents
- Incarceration or institutionalization of both parents
- Parents cannot be located

We are unable to take into consideration the following reasons for a dependency override:

- Parents refuse to contribute to the student's education
- Parents are unwilling to provide information on the FAFSA, Profile or verification
- Parent unwillingness to provide income documentation
- Parents do not claim the student as a dependent for income tax purposes
- Student demonstrates total self-sufficiency

Instructions

To be considered for a dependency override, please submit:

1. A complete financial aid application including the Profile and FAFSA forms (fafsa.ed.gov). Indicate on the FAFSA that there is a unique/special circumstance that prevents the submission of parent data. If your petition is approved, the Office of Financial Aid will reprocess your FAFSA with a dependency override.
2. Complete, sign, date, and submit the Petition for Dependency Override form.
3. Please provide a signed, personal statement of your unusual circumstances.
Be sure to address:
 - What is the nature of your relationship with both your natural mother and father?
 - Why are you unable to use your biological or adoptive parents' (both mother and father) information on the FAFSA?
 - When was the last time you had contact with your parents?
4. Where did you live last year?
5. Where are you currently living and how are you supporting yourself (during breaks and during the academic year)?
6. Who is currently paying your cell phone bill?
7. Provide two signed and dated letters or other supporting documentation from a third party who has knowledge of your situation. Examples may include: mental health professionals, school counselors, clergy or family physicians.



AMHERST COLLEGE

Office of Financial Aid

Petition for Dependency Override

This form is for students who are required to report parent information but have a unique circumstance that prevents you from obtaining the required information.

Student Name

Email

Amherst ID

Telephone

Student Address

Explanation of Unusual Circumstances:

Please provide an explanation regarding your unusual circumstances. All information will be kept confidential. Attach an additional page if necessary.

The student statement of unusual circumstances and supporting documentation may be [submitted in person, mailed, or faxed to the Office of Financial Aid](#). Additional information may be requested.

Certification:

I certify that the above information and the attachments provided are complete, true and accurate representations of my circumstances to the best of my knowledge.

Student Signature

Date



Dependency Override: Statement by a Professional Third Party

The Office of Financial Aid requests additional information from a third party (not a friend or relative) to comment on the student's family situation. Please provide a brief statement on your knowledge of the student's relationship with their parents. Third parties may submit a signed statement on professional letterhead in lieu of this form. Any statement must include information requested on this form.

Part 1: Student Name	Amherst College ID

Part 2: PERSONAL STATEMENT BY A THIRD PARTY

Professional's Name:		Title (Doctor, Professor, etc.)
Phone number (including area code)	Email:	
Street Address:	City, State:	Zip Code:
<ul style="list-style-type: none">• How long have you known the student? _____• What is your relationship to the student? _____• With whom does the student reside? _____		
Please briefly explain the student's relationship with <u>both</u> their biological parents.		

Part 3: CERTIFICATION

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

X _____

Return this completed form with any required documentation to:

Office of Financial Aid, Amherst College, PO Box 5000, B-5 Converse Hall, Amherst, MA 01002

Email: finaid@amherst.edu

Phone (413) 542-2296

Fax (413) 542-2628



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Part 1: Student Name	Amherst College ID

Part 2: PERSONAL STATEMENT BY A THIRD PARTY

Professional's Name:		Title (Doctor, Professor, etc.)
Phone number (including area code)	Email:	
Street Address:	City, State:	Zip Code:
<ul style="list-style-type: none">• How long have you known the student? _____• What is your relationship to the student? _____• With whom does the student reside? _____		
Please briefly explain the student's relationship with <u>both</u> their biological parents.		

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