

### Office of Student Financial Planning,

K-Dub Hub, Pioneer Hall 285, 100 E. Claflin, Salina, KS 67401

Telephone: (785) 833-4315 FAX: (785) 404-1485

## Instructions: 2024-25 Dependency Override Contact: DocInd02

Student	Name:	SSN:	or KWU STID#
Home P	hone:	Cell Phone:	
request a	elieve you have unusual circumstances that may impact you areview of your dependency status by submitting this continuous completely and submit with documentation requester nation and advise you of our decision through your KWU expression will not be able to receive a Financial ATHIS IS AN UR	mpleted form along with suped to the Office of Student mail as soon as possible.	oporting documentation. Please fill out Financial Planning. We will make a
Per	federal regulations, NONE of the conditions below, singl		as unusual circumstances or merit a
	· ·	ncy override:	
	•	ontribute to student's educa	
	<ul><li>2) Parents are unwilling to provide inforr</li><li>3) Parents do not claim the stude</li></ul>		
		strates total self-sufficiency	
PLEASE school.	NOTE: Dependency status must be reviewed and re-certif	-	
You m	ust submit the following items for us to review you	r circumstances:	
1)	A personal signed letter from you explaining your	request for a dependence	y override. Provide as much detail as
	possible describing your separation for your parent	ts. The following informati	ion is <b>required</b> :
	<ul> <li>Include the last contact you had with each paren year.</li> </ul>	t and the frequency of co	ntact with each parent over the past
	- Explain why you cannot provide parental financial	information on the 2024	-2025 FAFSA.
	-Describe your living arrangements over the past provided support to you.	several years, including w	ith whom you resided and who has
2)	Letters from two (2) individuals who can attest to possible describing your separation from your pare not grounds for a Dependency Override. We need from your parents.	ents. Stating that you live	on your own and support yourself is
	- Each letter must include the individual's name,	title or position, address,	and signature.
	<ul> <li>Once letter must be from a professional individe to you or living at the same address as you. It compares the second letter can be from somebody who do be related to you or living at the same address</li> </ul>	ould be a teacher, counsel can verify your situation as as you. This could be a fri	or, pastor, social worker, doctor, etc. described above. This person cannot
3)	•		
4)	, , , , , , , , , , , , , , , , , , , ,		must submit copies any W-2's from
_,	2021 or other forms of income such as government	t assistance you received.	
5)	We must have a valid 2024-2025 FAFSA on file.		
-	that all information submitted on and with this form is tall information or documentation if requested.	true and correct to the best	of my knowledge. I agree to provide
Signature	e	Date	
			<del></del>



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# $2024\text{-}25\ Institutional\ VerificationWorksheet} - V1\\ Independent_{(Contact:\ V1\_Group)}$

**IMPORTANT:** During a Dependency Override, we must collect documentation of your income and household size. Please complete this form and submit with other Dependency Override documentation. This review will be conducted by Kansas Wesleyan University in accordance with U.S. Department of Education's rules 34 CFR, Part 668. If you, OR your spouse will not file taxes for 2022, please be sure to include amounts earned from work in Section B and attach copies of W-2 forms for all 2022 employers.

SECTION A: STUDEN INFOR	<u>MATION</u>						
Student Name: Last	First	Mic	ldle Initial	KWU Student II	O # or Social S	ecurity Number	Date
Student Email	address				Student	Cell Phone number	
SECTION B: FAMILY INFOR	MATION						
List the people in your househo  Yourself, and your sp Your children, if you Other people if they c provide more than hal  ****If yo	ouse if you have one will provide more the urrently live with yo	an half ou, and y	ou provide mo l, 2024 throug ttach a sheet w	re than half of th h June 30, 2025. with additional far	eir support	and will continue to	
Full Name		Age	Relationsl	ip to Student	Co	llege attending in 20	024-25
			Self		K	ansas Wesleyan Unive	ersity
			<u> </u>		1		
ffice Use Only:	#				#		Initi



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Student Name: Last	First	Middle Initial	KWU Student ID # or Social Security Number	Date

#### **SECTION C: INCOME INFORMATION**

Tax returns are Federal 2022 IRS Form 1040, Puerto Rican Tax Return, or a foreign income tax return. Initial to the left which on the circumstance that is true for you regarding your tax filing status for 2022.

I did not and will not file a 2022 U.S. Income Ta	ax Return because (initial one ontion):			
I had zero earned or <b>OR</b>	I had too little taxable income to be require	d to file a		
taxable income in 2021	tax return. <i>Please complete the table below and</i>			
taxasie income in 2021	attach a copy of all 2022 W-2 forms student			
Employer	Amount earned in 2022	W-2 Attache (Y/N)		
	\$			
	\$			
	\$			
I was unable to use the IRS Data Retrieval Tool therefore, I attached a copy of my/our 2022 IRS	AFSA to link and transfer my/our 2022 income tax d within the FAFSA to link and transfer my/our 2022 Tax Return Transcript <b>OR</b> a <u>signed</u> copy of my/our	income tax da		
I was unable to use the IRS Data Retrieval Tool therefore, I attached a copy of my/our 2022 IRS (1040) and associated schedules.	within the FAFSA to link and transfer my/our 2022 Tax Return Transcript <b>OR</b> a <u>signed</u> copy of my/our	income tax da		
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