

UNUSUAL CIRCUMSTANCES DEPENDENCY REVIEW 25-26

STUDENT NAME _____

UMass Global ID NUMBER _____

This form is to request a professional judgement review of extenuating circumstances regarding your dependency status. You must complete all questions on this form. The Financial Aid Office may request additional information/documents for consideration of your review. Please complete a 2025-2026 Free Application for Federal Student Aid (FAFSA) and indicate that you believe your family circumstances would qualify you for a dependency override. This will permit you to complete the FAFSA without parent information. The Financial Aid Office will make a determination of your independence within 60 days of your enrollment as long as you have provided all of the required documentation.

Circumstances that alone or in combination, do not warrant a dependency override:

1. Parent refusal to contribute to educational costs
2. Parent unwillingness to provide information on the FAFSA or for verification
3. Parent(s) do not claim the student as a dependent for federal income tax purposes
4. Student demonstration of total self-sufficiency

Include all of the following with this form:

- ☐ **Third party documentation:** A third party who knows your situation and can attest to your unusual circumstances, such as a teacher, counselor, medical authority, member of the clergy, prison administrator, government agency, or court. A signed letter on letterhead or an official document such as a court order is required. Letters should include contact information. Letters from family members, girlfriend/boyfriend or friend are not sufficient.
- ☐ A detailed letter describing your unusual circumstances and relationship with your parent(s) along with supporting documents. Please let us know if you are unable to contact a parent or where contact poses a risk to you such as human trafficking, being legally granted refugee or asylum status, parental abandonment or estrangement, or parental incarceration.

Please answer the following**questions:** *Where will you live in 2025?*

- ☐ off campus ☐ with parent(s)

Did your parent(s) claim you on their federal tax return in 2023 or 2024?

- ☐ yes ☐ no

Will your parent(s) claim you on their federal tax return in 2024?

- ☐ yes ☐ no

Did your parent(s) provide your health insurance for 2023 or 2024?

- ☐ yes ☐ no

Will your parent(s) provide your health insurance for 2025?

- ☐ yes ☐ no

CERTIFICATION STATEMENT

I CERTIFY THE SUBMITTED INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. PURPOSEFULLY GIVING FALSE OR MISLEADING INFORMATION MAY RESULT IN DISMISSAL AND REFERRAL TO THE U.S. DEPARTMENT OF EDUCATION. I UNDERSTAND THAT IF MY APPEAL IS APPROVED, I MUST INFORM THE FINANCIAL AID OFFICE IF MY CIRCUMSTANCES CHANGE.

STUDENT WET SIGNATURE _____

DATE _____

Submit completed form and all supporting documents via the FA Student Portal
OR Mail: UMass Global Financial Aid Office, 65 Enterprise, Suite 150, Aliso Viejo CA 92656-2707