

SECTION 4: REASON FOR DEPENDENCY OVERRIDE APPEAL

Please select the reason(s) listed below that apply to your unique situation:

- Incarcerated parent(s)
- Abuse
- Parental Abandonment
- Custodial Parent Deceased
- Homeless or At Risk of Homelessness
- Other _____

SECTION 5: REQUIRED SUPPORTING INFORMATION

You must attach a **personal statement** explaining the extenuating circumstances and history of your parental situation, why you no longer live with your parents, and why they no longer support you. You must include **two letters** from a third party (guidance counselor, clergy person, case manager, social worker, teacher, close relative or family friend) who can corroborate the parental situation. Each extenuating circumstance mentioned in your explanation should be supported by applicable documentation (such as police reports or arrest records).

I have attached **all of the required forms** listed below:

- Personal statement
- Third Party - Letter 1 written by: _____
- Third Party - Letter 2 written by: _____

SECTION 6: CERTIFICATION AND SIGNATURE

By signing this application you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if asked, to provide further documentation that will verify the accuracy of your completed form. Also, you certify that you understand that the Department of Education has the authority to verify information reported on this form with other state and federal agencies. If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.

By signing this form, you authorize the UCR Financial Aid Office to contact any third-party reference and verify any information supplied on this form.

Student's Signature

Date

*You may scan and submit your completed form by email to finaid@ucr.edu
or by fax to (951) 827-5619
or drop off at the Highlander One Stop Shop
or mail to UC Riverside Financial Aid Office, 900 University Avenue, Riverside, CA 92521*