Students are classified as dependent or independent because federal student aid programs are based on the idea that students (and parents or spouse, if applicable) have the primary responsibility for paying for their post-secondary education.

For financial aid purposes, an independent student is one who meets one of the following conditions at the time the 2024-25 Free Application for Federal Student Aid (FAFSA) is completed and submitted.

- The student is married.
- The student was born before January 1, 2001.
- The student is currently serving on active duty in the United States Armed Forces for purposes other than training.
- The student is a veteran of the United States Armed Forces (discharge must not be dishonorable).
- The student is working on a master's or doctoral degree.
- The student has a child (children) who receives more than half of their support from the student.
- The student has dependents (other than children or spouse) who live with the student and who receive more than half of their support from the student, now and through June 30, 2025.
- At age 13 or older, the student was an orphan with no living biological or adoptive parent.
- At age 13 or older, the student was in foster care.
- At age 13 or older, the student was a dependent/ward of the court.
- The student was an emancipated minor as determined by a court in the student’s state of legal residence.
- On or after July 1, 2023, the student was determined to be an unaccompanied youth who was homeless or self-supporting and at risk of being homeless by either their school district liaison, the director of an emergency shelter or the director of a runaway or homeless youth center.

Note: if any of the above conditions apply to the student, this form does not need to be completed.

The Higher Education Act allows an aid administrator to consider dependency overrides on a case-by-case basis for students with unusual circumstances. None of the conditions listed below, singly or in combination, qualify as unusual circumstances or merit a dependency override:

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

IMPORTANT

- Your dependency status will be renewed each year unless you notify us that your circumstances have changed.
- We may request additional documentation when applicable.
- Adjustments made to your FAFSA due to granting your request may delay or change your financial aid offer.
- Requests to evaluate dependency status without required documentation will not be considered.
- Responses will be sent via email.
STEP 3: SITUATIONS IN WHICH REVISIONS MAY BE MADE TO YOUR ORIGINAL APPLICATION

- Incarceration of the custodial parent.
- Human trafficking, as described in the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7101 et seq.).
- Abandonment or estrangement by both parents.
- Abusive home situation that is detrimental to the student’s physical or mental well-being.
- Legally granted refugee or asylum status.

STEP 4: DOCUMENTATION REQUIREMENTS

- Two or more signed statements from third parties which have firsthand knowledge of the circumstances. These should include statements on agency letterhead from social workers, school officials, church officials or others in positions of authority that are familiar with the situation. Personal references, which do not represent an agency opinion, must include contact information.
- Copies of any court documentation relevant to the situation.
- A copy of the student’s 2022 IRS federal tax return transcript, if filed.
- A signed statement from the student detailing why they should be considered an independent student.

STEP 5: MONTHLY EXPENSES AND INCOME WORKSHEET

2023 or 2024 Expenses: List your monthly expenses below and the name of the person who provides payment for them.

<table>
<thead>
<tr>
<th>EXPENSE</th>
<th>MONTHLY COST</th>
<th>WHO PAYS OR PROVIDES THE EXPENSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child/Dependent Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical/Insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal (clothing, toiletries, other)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL EXPENSES:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2023 or 2024 Income: List your monthly income as specified below and the source of that income by name (examples: self-employed, employer’s name, trust fund, etc.).

<table>
<thead>
<tr>
<th>TYPE OF INCOME</th>
<th>MONTHLY INCOME</th>
<th>SOURCES(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest/Dividends</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Untaxed Income (social security,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>unemployment compensation, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash Support/Gift</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Federal Work Study</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temporary Assistance for</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Needy Families (TANF)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL INCOME:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Have you completed all the documentation requirements for your situation? Continue to step 6.

**STEP 6: ADDITIONAL INFORMATION**

Answer all questions below.

1. List the month and year you last lived with your parent(s): ________________________________

2. List the month and year you last received financial support for your parent(s): ________________________________

3. List the year you were last claimed by someone else as an exemption on their Federal Tax Return and your relationship to them.
   a. Year you were claimed: _______________________
   b. Person who claimed you (grandparent, sibling, etc.) ________________________________

4. If you are covered under a medical plan, list the following information:
   a. Name of person paying insurance premiums: ________________________________
   b. If not covered, list “not covered” here: ________________________________

5. If you drive a personal vehicle, list the following information:
   a. List the name of the registered owner of your automobile: ________________________________
   b. Name/relationship of person paying auto payment: ________________________________
STEP 7: CERTIFICATION

WARNING: If you purposely give false or misleading information, you may be fined, sentenced to jail or both.

All of the information on this Unusual Circumstance Form is true and complete to the best of my knowledge. I understand that if I give false or misleading information, I may be subject to a fine, prison sentence or both. Electronic signatures are not acceptable.

We cannot accept emailed or faxed documents because of privacy and security concerns. Please use one of the following methods to submit your documentation.

SECURE UPLOAD
https://forms.wofford.edu
(Requires student log-in to myWofford.)

MAIL
Office of Financial Aid
Wofford College
429 N. Church Street
Spartanburg, S.C. 29303

IN PERSON
Hugh S. Black Admin Bldg.
2nd floor above Admission