WHEELING UNIVERSITY

2026-2027 Dependency Override Application

The following information is needed to assist the Financial Aid staff in making a decision about your dependency status for the 2026-2027 academic year. In order for us to assist you, please answer all questions thoroughly**.**

Name_____ Student ID#_____

Present Home Address_____ Phone_____
(cannot be PO box) _____
_____

Address While in College_____ Phone_____
_____
_____

With whom did you reside with during the 2025 and 2026 calendar years?

Name_____ Relationship_____
Address_____
_____

Dates of Residence_____

Name_____ Relationship_____
Address_____
_____

Dates of Residence_____

When was the last year you lived with your parents?_____

Parent's Name, Address, Phone:

Father's Name_____ Mother's Name_____
Address_____ Address_____
_____ _____
Phone _____ Phone _____

Did your parent(s) claim you as an exemption on their federal tax return in the following years?

2022 ___yes ___no
2023 ___yes ___no
2024 ___yes ___no

What was or will be your total, yearly income and/or benefits?

2022_____
2023_____
2024_____

In a few paragraphs, please explain in detail the reasons and special circumstances as to why you are an independent and self-supporting student. Additionally, you must also explain why you cannot provide your parents' information on the Free Application for Federal Student Aid (FAFSA).

I certify that the above information is accurate and complete.

Student's Signature_____ Date_____

E-Mail Address_____

Office Use Only: Approved: _____ Denied: _____