



Lincoln University
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Office of Financial Aid

1570 Baltimore Pike
Lincoln University, PA 19352-0999

484-365-5300 phone
484-365-8198 fax
financialaid@lincoln.edu

2026-2027

Request for Dependency Override

Federal regulations (Public Law 103-235, Sec 480(d) requires the Office of Financial Aid to consider parent information and expect a parent contribution for students. We may be able to override your dependent status if unusual circumstances exist that make it impossible for you to have contact with your parents. If your family situation involves an unusual circumstance (i.e. abusive family environment, documented abandonment, and/or documented drug dependency), you may request a review of your dependency status. Any situation resulting from choice, rather than necessity due to unusual circumstances would not be considered for review.

However, none of the conditions listed below, singly, or in combination, qualify as unusual circumstances or merit a dependency override:

1. Parents refusal to contribute to student's education;
2. Parents unwilling to provide information on the application or for verification;
3. Parents do not claim the student as a dependent for income tax purposes;
4. Student demonstrates total self-sufficiency.

Required Documentation

In order for our office to consider your request for a review of your dependency override, we need additional information and documentation of your family circumstances. You must complete ALL of the attached forms:

- A "Student Statement", (e.g., completed by the student),
- "Third Party Affidavit" (must submit two) by parties who are at least 25 years old and know the student and are familiar with your circumstances.
 - Professional/non relative (e.g., clergy, teacher, counselor, social worker)
- Copy of court documents or any pertinent documents that can confirm your situation.

**SUBMIT ATTACHED FORMS AND PERTINENT DOCUMENTS TO THE
OFFICE OF FINANCIAL AID.**

Student's Signature



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**Office of Financial Aid
Student Statement**

Student's Name

Student ID #

Mother's Name

Mother's Address

Father's Name

Father's Address

Please **type or print legibly** your reason for a dependency override. You must provide detailed information surrounding your situation and any documentation to support your request. **In addition to your statement, please provide a brief response to each of the following questions.**

1. Do you currently live with your parent(s)? Yes or No
If you are not living with your biological parent(s), with whom do you live with and where?

2. How long have you not lived with your parent(s)?

3. Were you placed out of your parent(s) home by the Department of Social Services?

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS STATEMENT IS TRUE AND COMPLETE.

Student's Signature

Date

SUBMIT THIS STATEMENT WITH ALL OTHER REQUIRED DOCUMENTS TO THE OFFICE OF FINANCIAL AID.



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**Review of Dependency Status
Third Party Affidavit**

(To be completed by a third party who knows the student and is familiar with their circumstances.)

Student's Name

Student ID #

The student named above has indicated on the application for financial aid that he/she is unable to provide parent information due to unusual circumstances.

1. How long have you known the student? _____

2. Please provide a brief statement regarding your knowledge of the student's family history and relationship with parents.

3. Why is the student unable to provide parent information for financial aid purposes?

4. What is the last date that the applicant:

a). Received financial support from parents?

Month/Year

b). Lived with parents?

Month/Year

5. How is the student currently supporting himself/herself?

Name: _____ Age: _____

Contact #: _____ Relationship to student: _____

Address: _____

Phone # _____ Occupation: _____

**I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS STATEMENT IS
TRUE AND COMPLETE.**

Signature

Date



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Review of Dependency Status Third Party Affidavit

(To be completed by a third party who knows the student and is familiar with their circumstances.)

Student's Name

Student ID #

The student named above has indicated on the application for financial aid that he/she is unable to provide parent information due to unusual circumstances.

6. How long have you known the student? _____

7. Please provide a brief statement regarding your knowledge of the student's family history and relationship with parents.

8. Why is the student unable to provide parent information for financial aid purposes?

9. What is the last date that the applicant:

a). Received financial support from parents?

Month/Year

b). Lived with parents?

Month/Year

10. How is the student currently supporting himself/herself?

Name: _____ Age: _____

Contact #: _____ Relationship to student: _____

Address: _____

Phone # _____ Occupation: _____

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS STATEMENT IS TRUE AND COMPLETE.

Signature

Date