



# 2024-2025 Marriage Override Application

Student Financial Assistance  
 8600 University Boulevard  
 Evansville, IN 47712  
 Phone: 812-464-1767 or 800-467-1965  
 Fax: 812-461-5305 / Email: finaid@usi.edu

This form is intended for students who are dependent according to FAFSA but have since married. **Do NOT complete this form if you are already independent.**

**Complete this form only if your marriage date was prior to your first day of attendance during the 2024-2025 academic year.** If your marriage date was after your first day of attendance during the academic year you are not eligible for an override and you are considered dependent for FAFSA purposes for the academic year. **Note:** Application does not guarantee approval.

**\*\*Correct your marital status on FAFSA to married and attach a copy of your marriage certificate.\*\*** (Additional documentation may be required if the FAFSA is not successful or if you or your spouse are a non-tax filer.)

**Incomplete/unsigned forms will not be processed!**

## A. Student Information

|                                  |            |      |   |          |
|----------------------------------|------------|------|---|----------|
| Last name                        | First name | M.I. | USI Student ID number (SSN if ID is unknown)                  |          |
| Address (include apt. no.)       |            | City | State   | Zip code |
| Phone number (include area code) |            |      |   |          |
| Full name of spouse              |            |      | Date of marriage (Attach a copy of your marriage certificate) |          |

## B. Family Information

Complete the table below.

Include:

- ✓ The student.
- ✓ The student's spouse if the student is married.
- ✓ The student's or spouse's dependent children if they live with the student now and the student will provide more than half of their support between July 1, 2024, and June 30, 2025. (Include dependent children who live apart due to college enrollment. Do not include unborn children.)
- ✓ Other dependents, if they live with the student now and the student will provide more than half of their support between July 1, 2024, and June 30, 2025.

| Full Name of Family Members | Age | Relationship to Student |
|-----------------------------|-----|-------------------------|
|                             |     | Self                    |
|                             |     |                         |
|                             |     |                         |
|                             |     |                         |
|                             |     |                         |
|                             |     |                         |
|                             |     |                         |

## C. Certification and Signature(s)

**Typed/Electronic signatures are NOT accepted**

I hereby certify that all information provided is true and complete to the best of my knowledge. **Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.**

|                              |      |                  |      |
|------------------------------|------|------------------|------|
| Student Signature (Required) | Date | Spouse Signature | Date |
|------------------------------|------|------------------|------|