

Ctudant Nama

2016-2017 Dependency Override Form

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Student Name.			1D#	
Federal financia	l aid guidelines state tha	t the student and the parents/	stepparents have the	primary responsibility fo
paying postseco	ndary educational costs.	The Department of Educati	on determines a stude	ent's status as dependent
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or independent by the answers the student provides in Step Three of the 2016-2017 Free Application for Federal Student Aid (FAFSA). College financial aid administrators are authorized to exercise professional judgment in making exceptions to the federal definition of independence if a student documents extraordinary and extenuating reasons for making an exception.

In general, we will consider forms that document an "Adverse home situation" such as parental abuse, abandonment, irreconcilable estrangement from parents (estrangement must be documented). Unwillingness of a student's parents/stepparents to provide income/assets information on the FAFSA application is not considered "adverse" situation for the purposes of grant assistance. An appeal that is based solely on the fact that a parent(s) will not complete the FAFSA, or that the student does not live with or receive support from the parents, will be denied.

PLEASE READ THE FOLLOWING INFORMATION AND INSTRUCTIONS TO DETERMINE IF YOU SHOULD COMPLETE THIS FORM

The following circumstances are not considered viable reasons for independent status:

- You do not reside with your parents.
- Your parents do not claim you on their tax return.
- Your parents refuse to pay for your college education.
- Your parents refuse to provide information on the FAFSA or provide documents for verification.
- Your parents are not financially able to pay for your college education.
- You can demonstrate that you are self-sufficient.
- You do not want your parent's assistance to pay for college.
- Your parents live in another country.

Allowable extenuating circumstances include situations such as the following:

- Abuse:
- Abandonment:
- Irreconcilable differences within the family;
- Unable to locate parents;

Students who are estranged from their parents due to extenuating or unusual circumstances may complete this form to be considered for a dependency override. Adverse family situations may include: physical or emotional abuse, severe estrangement, abandonment, parental drug or alcohol abuse, mental incapacity or other situations beyond your control that prevents you from obtaining your parents financial information.

Step 1: Provide a personal statement to explain your extenuating circumstance

Please provide a detailed and concise statement which includes the following:

- The extenuating circumstances that you believe qualify you for an exception to the federal definition of Independence.
- Describe in detail the circumstances which changed your relations with your parent(s) and when these changes occurred.
- Your current relations with your parents.
- Explain how you have supported yourself from the time your parent(s) ceased supporting you until

Step 2: Provide the following supporting documentation

- Copies of official documents (e.g. court documents, medical records, police reports, etc.)
- Copies of the V1 Verification form, (Available on WebAdvisor)
- Your 2015 tax return transcript (available at IRS.gov)
- Your 2015 W-2's, current paystubs and/or verification of any income you receive (for non-tax
- One third party letter from a professional (counselor, teacher, attorney, doctor, etc.) that knows you and your situation and can explain it in detail. This documentation must be on official letterhead and state the reason for the involuntary dissolution of the family. It must also contain a certification that in the third party's opinion, it was in the student's best interest (physical, mental, or other) to leave the home environment.

Step 3: Complete the following Dependency Override Questionnaire

Mother's Address	City	State	Zip	Telephone #
Father's Address	City	State	Zip	Telephone #
2) When was the last time you:				
a. Had contact with		Mother/_ Month Year		ther/_ Month Year
b. Lived with		Mother///		ther/_ Month Yea
c. Received support from		Mother/ Month Year		ther/_ Month Yea
3) How have you supported yourself				
) What were your income and/or res	ources in:			
) What were your income and/or res		2015 5 – 12/31/15	20 1 1/1/16 – 12	
•		2015		
ncome/Wages		2015		
ncome/Wages avings		2015		
ncome/Wages avings Public Benefits (SSI,		2015		_ ~
4) What were your income and/or res Income/Wages Savings Public Benefits (SSI, Financial Aid Cash Support from Others		2015		
Income/Wages Savings Public Benefits (SSI, Financial Aid		2015		

Step 4: Make an appointment with your Financial Aid Coordinator

Make an appointment with your Financial Aid Coordinator to submit your statement and documentation along with this form to the Financial Aid Office.

Please Note: This form is valid for one year only. Your situation must be reviewed annually.

Step 5: Student Certification

I certify that all information reported on this form and all attachments are true, complete and accurate. I agree to provide proof of all of the information that I have reported. I understand that if I give misleading information on documents submitted to the Financial Aid Office, I may be fined, sentenced to jail or both. I understand that I must report changes in the above information to the Financial Aid Office.

Student Si	gnature		Date			
		(OFFICE USE ONLY			
Comments:						
<u>Date</u>	<u>Action</u>					
	☐ Denied	Pending	Approved	☐ Incomplete	F.A. Signature	
	Entered Override:	☐ FAA Acc	cess to CPS Online	on FAFSA/I	Renewal FAFSA	