

## 2019-2020 Dependency Override Request Form

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Federal financial aid guidelines state that the student and the parents/stepparents have the primary responsibility for paying postsecondary educational costs. The Department of Education determines a student's status as dependent or independent by the answers the student provides in Step Three of the 2019-2020 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. **All dependency override decisions are final and cannot be appealed at a higher level.**

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.

**Extenuating circumstances may include but are not limited to 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 now.

## Step 2: Provide the following supporting documentation

- Copies of official documents (e.g. court documents, medical records, police reports, etc.)
- The V1 Verification form (available at losmedanos.edu/financialaid)
- Your 2017 tax return transcript (available at IRS.gov), or a 2017 Tax Return or Non-Filer Certificate for non-tax filers.
- Your 2017 W-2's, current paystubs and/or verification of any income you received (for non-tax filers).
- Only one third party letter from a professional (e.g. 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.

**The third party reference letter MUST include the following information:**

- Your reference's name, professional title, business name, business address, and phone number
- Your reference's relationship to you and how long they have known you
- A detailed description of your reference's knowledge of your relationship with your parents

If you are unable to obtain a Third Party Reference Letter from a professional described above, attach a typed letter from a friend or family member who is aware of your situation **AND sufficient documentation to support your personal statement**. Examples of sufficient documentation are court documentation, police reports, medical documentation, or other legal documents.

## Step 3: Complete the following Dependency Override Questionnaire

1) What is your parents' current address?

|                  |      |       |     |             |
|------------------|------|-------|-----|-------------|
|                  |      |       |     |             |
| 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 ____/____<br>Month Year | Father ____/____<br>Month Year |
|---------------------|--------------------------------|--------------------------------|

|               |                                |                                |
|---------------|--------------------------------|--------------------------------|
| b. Lived with | Mother ____/____<br>Month Year | Father ____/____<br>Month Year |
|---------------|--------------------------------|--------------------------------|

|                          |                                |                                |
|--------------------------|--------------------------------|--------------------------------|
| c. Received support from | Mother ____/____<br>Month Year | Father ____/____<br>Month Year |
|--------------------------|--------------------------------|--------------------------------|

3) How have you supported yourself since you left your parent(s)?

---



---

4) What were your income and/or resources in:

|                          | <b>2017</b>       | <b>2018</b>       |
|--------------------------|-------------------|-------------------|
|                          | 1/1/17 – 12/31/17 | 1/1/18 – 12/31/18 |
| Income/Wages             | _____             | _____             |
| Savings                  | _____             | _____             |
| Public Benefits (SSI,    | _____             | _____             |
| Financial Aid            | _____             | _____             |
| Cash Support from Others | _____             | _____             |
| Other:                   | _____             | _____             |

**Step 4: Make an appointment with your Financial Aid Advisor**

Make an appointment with your Financial Aid Advisor 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 dependency override must be renewed 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 Signature**

\_\_\_\_\_  
**Date**

**OFFICE USE ONLY**

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date** \_\_\_\_\_ **Action**

\_\_\_\_\_  Denied  Pending  Approved  Incomplete F.A. Signature \_\_\_\_\_

\_\_\_\_\_ Entered Override:  FAA Access to CPS Online  on FAFSA/Renewal FAFSA

