



Contra Costa College

2016-2017 DEPENDENCY OVERRIDE FORM

Name: _____ SID#: _____

The Dependency Override Form is for dependent students who do not meet the federal criteria for “independent” status as outlined on the 2016-2017 FAFSA but who would like to have their unique circumstances reviewed in order to be considered an independent student for financial aid purposes. Students who do not live with their parents due to abuse, abandonment, or other unusual circumstances which can be documented by an objective third party may qualify. Please note that the following circumstances are **NOT** considered viable reasons for dependency override approval:

- You do not reside with your parents.
- Your parent refuses to pay for your college education.
- Your parents do not claim you on their tax return.
- Your parents are not willing to provide their information to complete the parent section of the FAFSA.
- You (the student) do not rely on your parents for support, financially or otherwise.

INSTRUCTIONS:

Complete all requirements outlined below before submitting this petition to the Office of Financial Assistance. Be thorough as the information provided on this form will ultimately determine your eligibility to receive financial aid at CCC. If you have been approved for a Dependency Override Form at Contra Costa College in previous years, you *do not* have to complete requirement 2 below.

1. Write a **PERSONAL STATEMENT** on a separate piece of paper explaining your situation and attach it to this form. You must describe your current relationship (even if it is non-existent) with your biological or adoptive father and mother. Please address the following questions in your statement:
 - Describe the nature of your relationship with each of your parent(s) and provide a detailed account of your circumstances.
 - Provide the date and place of your last contact with your parent(s).
 - Do you live with someone other than your parents? Does that person support you, and for how long?
 - Do you support yourself? If yes, what year did you begin supporting yourself?
2. Provide a **LETTER FROM A PROFESSIONAL*** who is familiar with your case and can verify reasons for your dependency override (i.e. high school or college counselor, social services agency official, pastor or clergy member, mental health professional, law enforcement officer, teacher, etc.). The letter must be on *official letterhead* and must include the individual's name, title or positions, address, contact number, and original signature. The letter must also contain the following information:
 - Describe the nature of the person's relationship with the student and length of time known
 - Any knowledge of the student's relationship with his/her parents
 - Describe when the last time the student lived and/or received financial support from his/her parents

*If you are unable to provide a letter from a professional, please provide a **PERSONAL REFERENCE LETTER** from a friend or family member who is aware of your situation AND sufficient documentation to support your situation. Sufficient document may include, but is not limited to: court documentation, police reports, medical documentation, or other legal documents that support your circumstances.

3. Complete the 2016-2017 FAFSA (if not already completed). If you do not have parent information available, you may leave responses to parent questions blank on the FAFSA pending review of your Dependency Override Form by the Office of Financial Assistance. Note that your FAFSA will be considered rejected and incomplete without parental information. Make sure CCC's federal school code (001190) is listed on the FAFSA. You may add the CCC federal school code online at www.fafsa.gov by selecting the "Make Corrections to a Processed FAFSA" option.
4. Complete the 2016-2017 V1 VERIFICATION WORKSHEET (answer the questions as an independent student and make sure to complete Section E: Income Certification).

By signing this form, I certify that: (Initial by each statement)

- _____ All statements and/or supporting documentation are true and correct to the best of my knowledge.
- _____ I understand that further documentation may be requested if needed in order to reach a decision.
- _____ I understand that if my Dependency Override is denied, my status will remain as a dependent student, and I will need to provide parental information to continue with my application for financial aid.
- _____ If my appeal is approved, I must adhere to the district's Satisfactory Academic Progress Policy posted on the CCC Office of Financial Assistance website to continue receiving aid at CCC.

STUDENT'S SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY

Comments: _____

Date Action
 ____/____/____ Approved Denied

FA Signature: _____

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