



## 2017-2018 REQUEST FOR DEPENDENCY OVERRIDE

The Department of Education determines a student's status as dependent or independent based on the answers provided on the Free Application for Federal Student Aid (FAFSA). Dependency status is based on the principle that a student's parent(s) is/are considered the primary source of support for postsecondary education. In extenuating and documented cases, the Office of Financial Assistance has the authority to use professional judgment to override a student's dependency status in order to make the student independent for financial aid purposes. The Financial Aid Administrator will review this Request for Dependency Override by examining the statements and documentation provided and using professional judgment to either approve or deny the request. The student will be notified of the decision via email. **All dependency override decisions are final and cannot be appealed at a higher level.** If you were approved for a dependency override for 2016-2017 at Contra Costa College, please complete the Request for Dependency Override Continuation instead.

Parent's unwillingness to provide the financial information required, or inability to financially contribute to the student's cost of postsecondary education are not sufficient reasons for filing this Request for Dependency Override; Self-sufficiency of the student is also not a sufficient reason for a dependency override. The student must be able to demonstrate that obtaining parental information is not possible due to an extenuating circumstance. **Examples of extenuating circumstances are:**

- ✓ **Removal from the parent's home due to a situation that threatened the student's health or safety**
- ✓ **Incapacity of the parent due to incarceration, mental illness, or physical illness**
- ✓ **Inability of the student to locate or contact the parent for an extended period of time**
- ✓ **Other extenuating circumstance involving abuse or abandonment that can be sufficiently documented**

**Third party reference letter:** The student must also be able to provide a letter from a professional third party reference who is aware of the student's situation and can verify all of the information contained on the Request for Dependency Override. See Part V for more instructions on the requirements for your third party reference letter.

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### PART I: REQUIRED STEPS AND ATTACHMENTS

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1. Complete all the information requested in Parts II and III below (Student Information and Parent Information)
2. Follow the instructions in Part IV to attach your Student Statement
3. Obtain and attach the third party reference letter described in Part V, along with any other supporting documentation
4. Complete the Student Income Information requested in Part VI
5. Sign the Certification in Part VII and submit to the Office of Financial Assistance for review

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### PART II: STUDENT INFORMATION

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Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

- A. Did anyone claim you on their 2015 Federal Income Tax Return?

☐ No

☐ YES — Person's Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

- B. Who do you currently live with? \_\_\_\_\_

- C. How long have you lived with the person/people identified above? \_\_\_\_\_ years \_\_\_\_\_ months

- D. Please complete the following information regarding your monthly expenses:

Monthly Housing (rent, utilities) \$ \_\_\_\_\_

Monthly Food \$ \_\_\_\_\_

Monthly Personal Expenses (clothing, personal items) \$ \_\_\_\_\_

Monthly Auto Expenses (car payments, insurance) \$ \_\_\_\_\_

Other Personal Bills (credit cards, cell phone) \$ \_\_\_\_\_

Total Expenses \$ \_\_\_\_\_



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### PART III: PARENT INFORMATION

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- A. Father's Name: \_\_\_\_\_
- B. Father's Address (write in 'unknown' if not available): \_\_\_\_\_
- C. When did you last live with your father? (write in 'never' if you have never lived with your father): \_\_\_\_\_ / \_\_\_\_\_  
Month Year
- D. When was the last time you had contact with your father? \_\_\_\_\_ / \_\_\_\_\_  
Month Year
- E. How often do you have contact with your father? \_\_\_\_\_
- F. Mother's Name: \_\_\_\_\_
- G. Mother's Address (write in 'unknown' if not available): \_\_\_\_\_
- H. When did you last live with your mother? (write in 'never' if you have never lived with your mother): \_\_\_\_\_ / \_\_\_\_\_  
Month Year
- I. When was the last time you had contact with your mother? \_\_\_\_\_ / \_\_\_\_\_  
Month Year
- J. How often do you have contact with your mother? \_\_\_\_\_

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### PART IV: STUDENT STATEMENT

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**Attach a personal statement** on a separate sheet of paper that includes the following information:

- ✓ Describe your relationship with your parent(s) and why you are unable to provide parental information on your 2017-2018 FAFSA
- ✓ Explain why you no longer live with your parent(s) and the circumstances surrounding your current living situation
- ✓ Explain why your parent(s) does not provide financial support to you

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### PART V: THIRD PARTY REFERENCE LETTER

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You must attach a letter from a **professional third party reference** who is aware of your situation and can verify all of the information contained in your Request for Dependency Override. **Letters from friends or family that are not professionals are not acceptable.**

A professional third party reference includes, but is not limited to: student's employer, clergy member or other religious official, social worker, attorney, court official, teacher/professor, personal or academic counselor, psychiatrist, psychologist, medical professional, or law enforcement agent.

The third party letter must include the following information:

- ✓ How long your reference has known you
- ✓ Your reference's relationship to you
- ✓ Your reference's knowledge of the relationship between you and your parents
- ✓ Your reference's name, professional title, business name, business address and phone number

**If you are unable to obtain a third party reference from a professional person:** submit a letter from a friend or family member who is aware of your situation AND sufficient documentation to support your situation. Sufficient documentation may include, but is not limited to: court documentation, police reports, medical documentation, or other legal documents that support your circumstance.



**PART VI: STUDENT INCOME INFORMATION**

A. Please check one box below to indicate your tax filing status:

☐ Check here if you filed taxes in 2015 and used the IRS Data Retrieval Tool on your FAFSA.

☐ Check here if you filed taxes in 2015 but did not use the IRS Data Retrieval Tool on your FAFSA. **You are required attach a copy of your 2015 IRS Tax Return Transcript.** Please note, 1040, 1040A, 1040EZ, or IRS Account Transcripts are NOT acceptable as proof of tax filing. A copy of your 2015 IRS Tax Return Transcript may be requested by ordering online at [www.irs.gov](http://www.irs.gov) or by calling 1-800-908-9946.

☐ Check here if you did not file and were not required to file taxes in 2015. If you were employed anytime in 2015, you must attach a copy of all 2015 W2 forms, even if you were not required to file taxes in 2015.

B. List your income below, including any income paid in cash:

Employer/Source of Income	Total income amount in 2015	Paid in Cash?	W2 attached?
		Yes / No	Yes / No
		Yes / No	Yes / No
		Yes / No	Yes / No

C. Use the space below to provide a brief explanation of how your household expenses were met in 2015, including food, clothing, shelter, etc. Be specific about financial resources that are not yet reported elsewhere on this form, such as Section 8 housing, TANF, cash aid, disability, social security, worker's comp, financial aid, etc. Also specify if you receive any financial or in-kind support from other people, such as monetary gifts, free room and board, free meals, or if someone else is paying bills on your behalf. Attach a separate sheet of paper if additional space is needed.

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**PART VII: CERTIFICATION**

By signing below, I certify that the information provided on this form and all required attachments is complete and accurate to the best of my knowledge. I realize that any false statements or misrepresentations may be cause for denial of this Request for Dependency Override. I also understand that the decision on my Request for Dependency Override is based on the professional judgment of the Financial Aid Administrator reviewing my request and that all decisions are final and there is no higher appeal process.

\_\_\_\_\_  
Student Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

**OFFICE USE ONLY**

Comments: \_\_\_\_\_

Date

Action

\_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Approved

☐ Denied

FA Signature: \_\_\_\_\_

Entered Override:

☐ FAA Access to CPS Online

☐ on FAFSA/Renewal FAFSA