



2018-2019 DEPENDENCY OVERRIDE REQUEST FORM

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 unusual and documented circumstances, 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 (FAA) will review this Dependency Override Request Form 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.

The parent's unwillingness to provide the financial information required, or the parent's inability or refusal to contribute to the student's cost of postsecondary education, or the students' self-sufficiency, do NOT qualify as unusual circumstances for filing this Dependency Override Request Form. Examples of unusual circumstances may include:

- Abandonment by the parents
An abusive family environment that threatens the student's health or safety
Inability of the student to locate or contact the parent for an extended period of time
Incapacity of the parent due to incarceration, mental illness, or physical illness

PART I: STUDENT INFORMATION

Name: ID#: Phone:()

- A. Did anyone claim you on their 2016 Federal Income Tax Return?
B. Who do you currently live with?
C. How long have you lived with the person/people identified above?
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

PART II: STUDENT INCOME INFORMATION

- A. Please check ONE box below to indicate your tax filing status:
I filed taxes in 2016 and used the IRS Data Retrieval Tool on my FAFSA.
I filed taxes in 2016 but did not use the IRS Data Retrieval Tool on your FAFSA. You are required attach a copy of your 2016 IRS Tax Return Transcript. Please note, 1040, 1040A, 1040EZ, or IRS Account Transcripts are NOT acceptable as proof of tax filing. A



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copy of your 2016 IRS Tax Return Transcript may be requested by ordering online at www.irs.gov or by calling 1-800-908-9946.

I did not file and was not required to file taxes in 2016. If you were employed anytime in 2016, you must attach a copy of all 2016 W2 forms, even if you were not required to file taxes in 2016.

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

Employer/Source of Income	Total income amount in 2016	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 2016 AND how they are currently being met, including food, clothing, housing, etc. Be specific about financial resources that are not yet reported on this form, such as Section 8, 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.

PART III: PARENT INFORMATION

- 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? _____



PART IV: REQUIRED ATTACHMENTS

Complete and attach **ALL** of the required documents listed below:

- Personal Statement:** attach a typed statement of no more than one page that includes the following information: 1) describe your relationship with your parents and explain why you no longer live with your parents, 2) explain why you are unable to provide your parents' information on your FAFSA, 3) describe your current living situation, and 4) explain why your parents do not provide financial support to you.
- Third Party Reference Letter:** attach a **typed letter from a professional third party reference** who is aware of your situation and can verify the information in your Personal Statement. **Letters from friends or family are not acceptable.** A professional third party reference includes, but is not limited to: teacher/professor, personal/academic counselor, psychiatrist, psychologist, medical professional, clergy member or other religious official, court or other government official, law enforcement agent, social worker, attorney. **The third party reference letter MUST include the following information:**
 - Your reference's name, professional job 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 as 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: court documentation, police reports, medical documentation, or other legal documents.

PART V: CERTIFICATION

By signing below, I certify that the information provided on this form and all required attachments are complete and accurate to the best of my knowledge. I realize that any false statements or misrepresentations may be cause for denial of this Dependency Override Request. I understand and agree that any changes to my status and relationship with my parents must be reported to the Office of Financial Assistance immediately. I also understand that the decision on my Request for Dependency Override is based on the professional judgment of the FAA reviewing my request and that all decisions are final and there is no higher appeal process. If approved, I must resubmit a new Request for Dependency Override each academic year.

Student Signature

____/____/_____
Date

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- Approved due to (check all that apply):
 - Abandonment by parents
 - Abusive family environment
 - Unable to locate parents
 - Incapacity of parents

Entered Override: New ISIR# _____ New EFC: _____ Package BOG and CPELL (if eligible)

Denied due to: _____

Notes: _____

FAA Signature: _____ Date: ____/____/____ Notified student