



Request for Dependency Override (for FA)

Under Federal law your parent(s) is/are primarily responsible for paying your college expenses (to the extent they are able).

We must collect your financial information and your parent(s)' financial information to determine how much your family can afford to pay toward your college expenses. Federal law, however, allows for some exceptions, if you have a special circumstance. The following are examples of some special circumstances where you may submit your FAFSA without providing parental information:

- Your parent(s) are incarcerated or deceased; or
- You have left home due to an abusive family environment; or
- You do not know where your parents are and are unable to contact them (and you have not been adopted)

But not all students are considered to have a special circumstance. The following are situations that will **NOT** be considered a special circumstance:

- Your parent(s) do not want to provide their information on your FAFSA; or
- Your parent(s) refuse to contribute to your college expenses; or
- Your parent(s) do not claim you as a dependent on their income taxes; or
- You do not live with your parent(s).

Under Federal law, only your college has the authority to decide whether or not you must provide parental information on your FAFSA. **If you feel you have a special circumstance, please complete this form and provide documentation to verify your situation.** Gather as much written evidence of your situation as you can. Written evidence may include court or law enforcement documents, letters from a clergy member, school counselor or social worker (letters must be on official agency letterhead and include contact name(s) and information for follow up), and/or any other relevant data that explains your special circumstance.

Your sole documentation cannot be from a friend or family member; third party documentation is required.

Student Name: _____ DCCC ID # _____

Address: _____ Phone # (____) _____
& Street City State Zip

Parents' Information: - DO NOT LEAVE BLANK OR USE "N/A"

Mother

Father

Name: _____ Name: _____

Address: _____ Address: _____
& Street # & Street
City State Zip City State Zip

1. What are your present living conditions and with whom do you live? _____

How much rent do you pay each month? _____

How long has this arrangement been going on? _____

2. How do you support yourself and meet your living expenses? _____

	Mother	Father
3. When was the last time you lived with your parents?	_____ Month/Year	_____ Month/Year
4. When was the last time you had contact with your parents?	_____ Month/Year	_____ Month/Year
5. When did your parents last provide any form of support?	_____ Month/Year	_____ Month/Year

6. Please explain in detail the reason(s) you should be considered independent. *(You may attach a separate sheet if space above is not sufficient to support your request.)*

7. **Written evidence must be attached.** Please refer to the directions on the front of this form. Your request is **NOT** complete without appropriate evidence of your special circumstance.

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT AND I UNDERSTAND THAT IT MAY BE USED TO OVERRIDE FEDERAL REGULATIONS REGARDING MY DEPENDENCY STATUS. I UNDERSTAND THAT IF I PURPOSELY GIVE FALSE OR MISLEADING INFORMATION IN CONNECTION WITH MY APPLICATION FOR FEDERAL AID, I MAY BE SUBJECT TO A FINE OF UP TO \$20,000, SENT TO PRISON, OR BOTH.

I UNDERSTAND THAT IF I MOVE BACK IN WITH MY PARENTS OR RECEIVE ANY KIND OF SUPPORT FROM THEM; I MUST REPORT THIS TO THE FINANCIAL AID OFFICE IMMEDIATELY.

Signature

Date

For Office Use Only

<p>_____ Dependency Override Approved <i>(Mark appropriate criteria below)</i></p> <p>_____ Adverse home environment</p> <p>_____ Support by adult relative</p> <p>_____ Applicant supports parent(s)</p> <p>_____ OTHER <i>(requires Director's approval)</i></p> <p>_____</p>	<p>_____ Dep. Override Denied Reason?</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Certification: I hereby use my professional judgment based on the information and documentation provided.

_____ Financial Aid Officer	_____ Date
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