Student Financial **Aid**

A Department of Central Piedmont Community College

2013-2014

REQUEST FOR DEPENDENCY OVERRIDE

Name: _____ **Student ID Number:** _____

Address: _____ **Telephone Number:** _____

_____ **Date of Birth:** _____

Student Status: Do you qualify for assistance as an independent student?

Federal student aid programs are based on the principle that the primary responsibility for financing your education lies with you and your parents. As you complete the **Free Application for Federal Student Aid (FAFSA),** the questions in the Student Status section will help you to determine if you are eligible to apply for financial aid as a **dependent** or **independent** student.

In most cases your financial aid eligibility must be determined using your biological/adoptive parents' income and asset information. However, if your family circumstances are such that you are unable to live with and be supported by your biological/adoptive parents because of the involuntary dissolution of the family **due to abuse, death, imprisonment, abandonment or if your parents are physically or mentally incapacitated**, your dependency status may be reevaluated. In rare cases, you may be considered independent even if you do not meet the criteria on the **FAFSA**. If you feel that your situation warrants special consideration, you must be prepared to demonstrate that you are, in fact, self-sufficient and be able to document why your parents should not be required to contribute to your education.

You must also provide any court documentation, police records, written statements from yourself and two people who can explain why your circumstances warrant an exception and how you have been supporting yourself during the last year. The written statements can be from an uninterested third party, an adult relative, an adult you have lived with during the past year, a pastor or a counselor. The statements must include his/her relationship to you and what he/she has witnessed with regards to your situation. It must be signed by that individual, and a telephone number must be included as to where he/she can be reached for further questions. If you live alone, you must also provide documentation such as tax returns, lease agreement, and/or utility statements, etc., to demonstrate your ability to support yourself.

The following conditions, individually or in combination, do NOT merit a dependency override:

1. Parents' refusal to contribute to your education;
2. Parents' unwillingness to provide information on the FAFSA or verification;
3. Parents do not claim you as a dependent for income tax purposes;
4. Student's ability to demonstrate total self-sufficiency.

SECTION ONE: Student Status	**Yes**	**No**
1. Were you born *before* January 1, 1990?	☐	☐
2. As of the day you filled out the FAFSA, were you married? (answer "Yes" if you are separated but not divorced)	☐	☐

3. **Are you a veteran of the U.S. Armed Forces?** ☐ ☐
4. **Will you be enrolled in a graduate or professional program *(beyond a bachelor's*) in 2013-2014?** ☐ ☐
5. **Do you have legal dependents (*other than a spouse)* who get more than half of their support from you?** ☐ ☐
6. **Are you an orphan or a ward of the court, or *were* you a ward of the court until age 18?** ☐ ☐

If you have answered "YES" to any question in Section One, ***STOP*** *and contact a financial aid administrator.*

SECTION TWO: Reasons for Override Request

Please read each step carefully, check the one that applies to you, and provide our office with the requested documentation. ***Incomplete applications for dependency status changes will not be evaluated.***

I. _____ **Severe circumstances exist within your family, such as, but not limited to:**

a) Abusive home situation which is detrimental to your physical or mental well-being.
b) Incarceration of the custodial parent.
c) Abandonment by both parents.
d) History of parental alcohol or drug abuse.

Supporting documentation for I: Two or more signed statements from adult professionals who are not family members, which verify your family circumstances. Adult professionals include clergy members, attorneys, school guidance counselors, medical doctors, mental health professionals, teachers or professors, law enforcement officers, professional staff of Child and Family Services (Public Assistance Department), and officers of the court. Letters must be signed on original agency letterhead with the professional's title (Counselor, Attorney, etc.). Personal references, which do not represent an agency opinion, must be notarized. Attach signed photocopy of student's 2011 and 2012 Federal Tax Return and statement of explanation as to why you should not be considered a dependent student for financial aid purposes.

II. _____ **Death of a parent after filing the FAFSA and the surviving parent meets one of the conditions listed above in #I (severe circumstances).**

Supporting documentation for II: Two or more of the above sources listed in #1 (severe circumstances), and a photocopy of your parent's death certificate or newspaper obituary. If your last name is different from your parents', please provide legal documentation of birth, adoption, marriage, divorce, or other circumstances, which prove your relationship. Attach signed photocopy of student's 2012 Federal Tax Return and statement of explanation as to why you should not be considered a dependent student for financial aid purposes.

III. _____ **You are divorced after being married for at least one year and maintained a residence apart from your parents and your former spouse's parents during the time you were married. You now maintain a separate residence from your parents and pay all expenses from your own income and assets.**

Supporting documentation for III: Complete copies of your marriage license, divorce decree, federal tax returns, and W-2 forms for the period in which you were married, and mortgage or rental agreements for the period in which you were married. Attach signed photocopy of student's 2012 Federal Tax Return and statement of explanation as to why you should not be considered a dependent student for financial aid purposes.

IV. _____ **You have extenuating circumstances not described above which prevent you from having contact with your parents to obtain information for FAFSA filing.**

Supporting documentation for IV: Two or more sources as described in supporting documentation for 1 severe circumstances. Attach signed photocopy of student's and parents' 2012 Federal Tax Return and statement of explanation as to why you should not be considered a dependent student for financial purposes. You may be asked for additional information later.

Warning: According to the U.S. Department of Education, if you purposely give false or misleading information on form, you may be subject to a fine of up to $20,000 or imprisonment for up to 5 years, or both.

Financial Aid/Veteran's Affairs – Central Piedmont Community College – PO Box 35009 – Charlotte, NC 28235-5009
Telephone: (704) 330-6240 Fax: (704) 330-5053

You may submit, fax or mail your documents to any of our six locations.

Please write a brief statement explaining any special circumstances for consideration of being an independent student.

-------Please attach a separate piece of paper if necessary to provide additional information that you feel supports your request.

SECTION THREE: Questions

1. What are your present living arrangements? 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?

3. When was the last time you lived with a parent?

Mother _____ Father_____

Month/Year *Month/Year*

4. When is the last time you had contact with your parents?

Mother _____ Father_____

Month/Year *Month/Year*

5. When did your parents provide any form of support?

Mother _____ Father_____

Month/Year *Month/Year*

6. In what year were you last claimed by your parent(s) as a dependent on a Federal tax return? Year: _____

7. Are you included as a dependent under your parents' medical plan? Yes _____ No _____

List the name and address of the medical insurer and the person under whose insurance you are covered:

_____

8. Do you own or have the use of an automobile? Yes _____ No _____

If yes, give the name and address of the registered owner:

_____

9. If you are the registered owner, provide the following information:
Year, Make and Model _____

Purchase Date _____ Balance Owed _____ Monthly Auto Payment _____

If anyone other than yourself is making your auto payments, provide his/her name and relationship: _____

_____

10. Did you/will you file a 2012 Federal Tax Return (1040, 1040A, 1040EZ or 1040TEL)? Yes _____ No _____

If yes, attach a complete signed photocopy. If no, list the name of your employer(s) and your weekly/monthly income

from that/those employer(s)_____

SECTION FOUR: Verification of Income and Expenditures

Current Income *– Describe your average monthly income and identify the source(s) by name (example: Self-employed, Burger King, Wal-Mart).*

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Income

Type of Income	Amount Per Month	Source of Income
Wages		
Savings/Investments		
Unemployment Benefits		
Social Security Benefits		
Welfare Benefits		
Cash		
Cash Support		
Other (Specify)		

Current Expenses – *Estimate your currently monthly expenses below and how they are covered. Types of expenses are listed in the first column. Enter your estimate of the monthly amounts in the second column. In the third column, give the name(s) and relationship(s) of the person(s) who pay(s) the expense or provides the item for you. If you pay the cost, enter "Self" in the third column.*

Expenses

Type of Expense	Monthly Cost	Source of Payment (Who pays the expense?)
Housing		
Utilities		
Telephone		
Transportation		
Gas		
Clothing		
Medical		
Education		
Other		

YOU MUST APPLY EACH YEAR TO HAVE YOUR INDEPENDENT STATUS RENEWED!

REMEMBER: *The success of your request for independent status depends upon you and what information you provide. Please provide all requested information. All information will be kept confidential and will only be used to determine your dependency status for financial aid purposes. If you have any questions, please call the Financial Aid/VA Office at (704) 330-6942.*

☐ **I certify that the information I have provided is true and accurate. Date:_____**

Student Signature: _____

Do not mail any documents to the U.S. Department of Education.

Submit all requested documentation to CPCC's Financial Aid Office by fax (704.330.5053).

To be completed d by the Financial Aid Office:

Financial Aid/VA Office Certification:

[ ] I have reviewed the information provided and find the student meets the extenuating circumstance required for dependency override.
Circle appropriate criteria below:

Adverse home environment
Support by an adult relative
Incarcerated
Applicant supports parent(s)
Other: _____

[ ] I have reviewed information provided and find the student does not meet the extenuating circumstance required for dependency override.
Reason: _____

Certification: I hereby use my professional judgment based on the information and documentation provided.

Signature of Financial Aid Officer: _____ **Date:** _____

PRINT

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