

Name: _____ Student ID Number: _____

Address: _____ Telephone Number: _____

_____ Date of Birth: _____

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

2017-2018 (July 1, 2017 – June 30, 2018) / Tax Year 2015

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 dependency 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 will 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, or if they are unable to be contacted by normal means***, your dependency status *may* be reevaluated. If you feel your situation warrants special consideration, you should be prepared to document your situation.

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.
5. You do not live with your parent(s).

SECTION ONE: Student Status	Yes	No
1. What year were you born?		
2. As of the day you filled out the FAFSA, were you married? (Answer "Yes" if you were 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) <i>in this academic year</i> ?		
5. Do you have legal dependents (<i>other than a spouse</i>) who receive 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 or in foster care any time after your 13 th birthday?		

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

Warning: According to the U.S. Department of Education, if you purposely give false or misleading information, 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

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SECTION TWO: Reasons for Override Request & Required Documentation

Please carefully read each step. Check the one which 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 (circle one):**
- Abusive home situation which is detrimental to your physical or mental well-being.
 - Incarceration of the custodial parent.
 - Abandonment by both parents.
 - History of parental alcohol or drug abuse.
 - Severe estrangement from parent(s) resulting in an inability to contact them.

Supporting documentation for I: Please provide your birth certificate and any court documentation, police records or other relevant documentation. Also provide *written statements from you and three additional people which explain your inability to provide parental information on your FAFSA and how you have been supporting yourself during the last year. For the third party written statements, at least one should be from an adult professional on letterhead. The others should be notarized personal references.

***Written statements:**

Written statements from adult professionals (such as clergy members, attorneys, school guidance counselors, medical doctors, mental health professionals, teachers or professors, attorneys, law enforcement officers, professional staff of Child and Family Services, officers of the court, etc.) should be on original agency letterhead and include their professional title. Personal references, which do not represent an agency opinion, should be submitted using the **Dependency Override Third Party Statement Form**.

If you live alone, please provide documentation (such as tax return transcripts, lease agreement, utility statements, etc.) to demonstrate your ability to support yourself. Attach a copy of student's Tax Return Transcript for the last tax year.

- 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: In addition to the written statements listed in # I above, please provide a photocopy of your parent(s)' death certificate or newspaper obituary. Please provide legal documentation of birth, adoption, marriage, divorce or other circumstances which proves your relationship to the deceased. Please attach a signed copy of your (the student's) Tax Return Transcript.

- 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, tax return transcripts 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 a signed photocopy of your (the student's) Tax Return Transcript and statement of explanation as to why you should not be considered a dependent student for financial aid purposes.

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Please write a statement explaining any special circumstances we should consider with your dependency override. Please also include a detailed explanation of the circumstances which led to your inability to contact your parent(s).

Place a check mark here if you need and intend to attach a separate piece of paper to provide additional supporting information.

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 in place?

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

3. When was the last time you lived with a parent? Parent #1 _____ Parent #2 _____
Month/Year Month/Year

4. When was the last time you had contact with your parents? Parent #1 _____ Parent #2 _____
Month/Year Month/Year

5. When was the last time your parents provided any form of support? Parent #1 _____ Parent #2 _____
Month/Year Month/Year

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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 Payment _____

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

10. Did you/will you file a **2015** Federal Tax Return (1040, 1040A, 1040EZ or 1040TEL)? Yes _____ No _____

If yes, attach a **2015 IRS Tax Return Transcript**. If no, attach all your **2015 W2 forms** or an **IRS Wage and Income Transcript and an IRS Verification of Nonfiling Letter**. If W2s were not issued, list the name of your employer(s), your yearly income from that/those employer(s), and the reason the W2 is not available.

SECTION FOUR: Household Information

Please list all household members as defined on the FAFSA. Independent students yourself and any other person who you provide over 50% support for. Do not include any roommates or any other person for whom you do not provide over 50% support. If a listed household member will be attending college at least half-time in at least one semester of the current school year, please include the name of that college.

Full Name	D.O.B.	Relationship	Name of College
		SELF	Central Piedmont Community College

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SECTION FIVE: Verification of Income and Expenditures

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

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		

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YOU WILL NEED TO APPEAL 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.

SECTION SIX: Certification Statement and Signature for Corrections

- ❖ I certify that the information I have provided is true and accurate. I understand that providing false or misleading information in an attempt to obtain federal financial aid can result in a fine of up to \$20,000 or imprisonment, or both. **I understand that failure to provide the required documentation may result in denial of this application.**
- ❖ I give my permission to the Financial Aid Office at Central Piedmont Community College to make corrections to my original and/or subsequent applications based on the documents I am now submitting.

Student Signature: _____ **Date:** _____

Financial Aid/VA Office Determination and Certification

I have reviewed the information and find the student meets the extenuating circumstance(s) for a dependency override.

Check appropriate criteria below:

Adverse home environment

Incarcerated

Support by an adult relative

Applicant supports parent(s)

Other: _____

I have reviewed information and find the student does not meet the extenuating circumstance(s) for a dependency override.

Reason:

I hereby certify the decision rendered was based on the information and documentation provided.

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

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Dependency Override Third Party Statement Form

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

This section is to be completed by the third party giving the statement:

Name: _____

How long have you known the student? _____

Relationship to the Student: _____

Contact Telephone Number: _____

Describe what you have observed regarding the circumstances leading up to the student's estrangement from his/her parents, the duration and whether or not he/she currently has contact with either of them.

If you need additional space, use the back of this form or attach additional page(s).

Please have this form notarized below.

Signature: _____ **Date:** _____

Notary Public's Affidavit:

State of _____ City/County of _____

On _____, before me, _____, personally appeared,
(Date) (Printed Notary's Name)

_____, and provided to me on basis of satisfactory evidence of identification,
(Printed name of signer)

_____, to be the above-named person who signed the foregoing instrument.
(Type & number of valid photo ID provided)

WITNESS my hand and official seal
(seal)

Signature of Notary: _____

My commission expires on: _____

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