

Student Information *(Please Print)*

Student's Last Name	Student's First Name	Student's M.I.	Student's CPCC Student ID#
Student's Street Address (include apt. no.)			Student's CPCC Email Address
City	State	Zip Code	Student's Telephone # <i>(include area code)</i>

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.

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 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.

Student Status

	Yes	No
1. What is your birthdate: _____ <i>(mm/dd/yyyy)</i>		
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?		

Reasons for Override Request & Required Documentation

Please carefully read each section. 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 (check all that apply):

- 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.
- Other: _____

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**. 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, signature, and a contact phone number. Personal references, which do not represent an agency opinion, should be submitted using the **Dependency Override Third Party Statement Form**. All statements should address your inability to contact (both of) your biological (or adoptive) parents. The relationship between the professional and the student should be stated.

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 section # 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 copy of your (the student's) IRS 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 copy of your (the student's) IRS Tax Return Transcript and statement of explanation as to why you should not be considered a dependent student for financial aid purposes.

Student's Explanation

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

Please check here if you are attaching a separate piece of paper to provide additional supporting information.

Questions

1. What are your present living arrangements? With whom do you live? How much do you pay each month?

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 support? Parent #1 _____ Parent #2 _____
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 on your parent's 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, 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 **2017** Federal Tax Return (1040, 1040A, 1040EZ, or 1040TEL)? Yes No

If yes, attach a **2017** IRS Tax Return Transcript. If no, attach a **2017** IRS Wage and Income Transcript and a **2017** IRS Verification of Non-filing Letter.

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.

I understand that failure to provide the required documentation may result in denial of this application.

Certification and Signature

Please provide your signature. By providing your signature, you are certifying that all of the information on this form is complete and correct. You are also authorizing Central Piedmont Community College to make corrections to your original and/or subsequent applications based on the documents you are now submitting.

Student Signature:

Date:

Dependency Override Third Party Statement Form

This form should be completed and submitted with the student's Dependency Override Request.

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

This section is to be completed by the third party and should reference biological/adoptive parents.

Your name: _____

How long have you known the student? _____

Your relationship to the student: _____

Your telephone number: _____

When was the last time the student had contact with his/her mother? _____

When was the last time the student had contact with his/her father? _____

Is the student able to contact either parent by normal means (in person, phone, email, mail, etc.)?

Father: Yes No Don't Know **Mother:** Yes No Don't Know

In your opinion, would it be detrimental to the student's wellbeing to have contact with either parent? Why? Please address the situation with *each* parent in your statement below. Attach additional page(s) if needed.

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: _____

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.

Dependency Override Third Party Statement Form

This form should be completed and submitted with the student's Dependency Override Request.

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

This section is to be completed by the third party and should reference biological/adoptive parents.

Your name: _____

How long have you known the student? _____

Your relationship to the student: _____

Your telephone number: _____

When was the last time the student had contact with his/her mother? _____

When was the last time the student had contact with his/her father? _____

Is the student able to contact either parent by normal means (in person, phone, email, mail, etc.)?

Father: Yes No Don't Know **Mother:** Yes No Don't Know

In your opinion, would it be detrimental to the student's wellbeing to have contact with either parent? Why? Please address the situation with *each* parent in your statement below. Attach additional page(s) if needed.

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: _____

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.

Dependency Override Third Party Statement Form

This form should be completed and submitted with the student's Dependency Override Request.

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

This section is to be completed by the third party and should reference biological/adoptive parents.

Your name: _____

How long have you known the student? _____

Your relationship to the student: _____

Your telephone number: _____

When was the last time the student had contact with his/her mother? _____

When was the last time the student had contact with his/her father? _____

Is the student able to contact either parent by normal means (in person, phone, email, mail, etc.)?

Father: Yes No Don't Know **Mother:** Yes No Don't Know

In your opinion, would it be detrimental to the student's wellbeing to have contact with either parent? Why? Please address the situation with *each* parent in your statement below. Attach additional page(s) if needed.

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: _____

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.