CENTRAL PIEDMONT
COMMUNITY COLLEGE

Dependency Override Request (2025-26)

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, imprisonment for up to five years, or both.

Student Information (Please Print)

Last Name: First Name:

Middle Initial: Student ID Number:

Student Email Address:

Street Address
(Include Apartment Number):

City: State: Zip Code:

Phone Number (Include Area Code):

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Dependent vs. Independent Student Statuses

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 as an **independent** student.

In most cases, your financial aid eligibility will be determined using your contributors' income and asset information. However, if your family circumstances are such that you are unable to live with and be supported by them 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.

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Student Status

What is your birthdate: _____

As of the day you filled out the FAFSA, were you married? (Answer "Yes" if you were separated, but not divorced) ☐ Yes ☐ No

Are you a veteran of the U.S. Armed Forces? ☐ Yes ☐ No

Will you be enrolled in a graduate or professional program (beyond a bachelor's) in this academic year? ☐ Yes ☐ No

Do you have legal dependents (other than a spouse) who receive more than half of their support from you? ☐ Yes ☐ No

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 13th birthday? ☐ Yes ☐ No

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Reasons for Override Request and Required Documentation

Please carefully read each section. Select 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

- ☐ Severe circumstances exist within your family, such as, but not limited to (select 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

Please provide your birth certificate and any court documentation, police records or other relevant documentation as well as a copy of your (the student's) IRS Tax Return Transcript. Also provide written

statements from you and three additional people which explain your inability to provide contributors 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

Surviving parents must meets one of the conditions in I (Severe Circumstances)

Supporting Documentation

In addition to written statements, 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.

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.

III. You are Divorced

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.

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Supporting Documentation

Complete copies of your marriage license, divorce decree, tax return transcripts, and IRS 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.

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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		

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

	Parent 1	Parent 2
Month/Year		

5. When was the last time your parents provided any support?

	Parent 1	Parent 2
Month/Year		

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

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:

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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 2023 Federal Tax Return (1040)? ☐ Yes ☐ No

If yes, attach a 2023 IRS Tax Return Transcript. If no, attach a 2023 IRS Wage and Income Transcript and a 2023 IRS Verification of Non-Filing Letter.

Please update the Financial Aid office if your unusual circumstances have changed each year.

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. Failure to provide the required documentation may result in denial of this appeal. If you have any questions, please call the Financial Aid office at 704.330.6942.

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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:_____