CENTRAL PIEDMONT
COMMUNITY COLLEGE

2026 -2027
Dependency Override Request

Warning: As per federal regulations, 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: Phone Number:

Street Address (Include Apartment Number):

City: State: Zip Code:

Dependent vs. Independent Status

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 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.

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, incarceration, abandonment, neglect 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

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 50% of their support from you?	☐ Yes	☐ No
Are you an orphan or 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

Please carefully read each section. Select the one which applies to you and provide our office with the appropriate documentation. Incomplete applications for dependency status changes will not be evaluated.

Severe Circumstances

☐ Severe circumstances exist within your family, such as, but are 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.

Inability to contact parents by normal means.

Other:

Instructions: Please read carefully

Supporting Documentation

Please provide all supporting documentation to support your claim such as court documentation, police records, medical records, or any other relevant documentation. A written statement is required from a student and three (3) additional people (third-party) who can corroborate a student's unusual circumstances that prevent a student from being in contact with parents or inability to access information from parents. For the third party written statements, one should be from a professional and should include their professional credential information.

Written Statements

Three written third-party statements are required, two can be from persons that know your situation and additionally, one verifiable professional (such as clergy members, attorneys, school guidance counselors, medical doctors, mental health professionals, therapy, teachers or professors, attorneys, law enforcement officers, professional staff of Child and Family Services, officers of the court, etc.) and to include their professional title, signature, and a contact phone number. The **Dependency Override Third-Party Statement Form** must be used for any non-professional third-party statements. All statements should address a student's unusual circumstances that cause an inability to contact parent(s) or maintain a relationship with parent(s) post a risk to student.
Please note: typing one's name is not an acceptable signature for this purpose.

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Student Explanation

Please write a statement explaining your unusual or extenuating circumstances to be considered for your dependency override. Please also include a detailed explanation of the circumstances which led to your inability to contact your parent(s) or maintain a normal relationship.

☐ Please check here if you are attaching a separate sheet 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

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5. When was the last time your parents provided any support? Parent 1 [ ] Month/Year 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 of the medical insurer and the person whose insurance you are covered by:
[ ]

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 2024 Federal Tax Return (1040)? [ ] Yes [ ] No

Please note: The success of your request for independent status depends upon the information you provide. All information provided 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 a denial of this appeal. If you have any questions, please call the Financial Aid office at 704.330.2722.

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

Certification and Signature

Please provide your signature. By providing your signature, you are certifying that all 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: _____