

2020-2021 Dependency Override Form

STUDENT INFORMATION:

Last Name	First Name	RCCC Student ID Number
Phone Number (Include Area Code)	Email Address	

A dependency override generally can be CONSIDERED for an otherwise dependent FAFSA applicant if one or more of the following conditions exist and are documented by the applicant:

- An emotionally or physically abusive, unhealthy, or unsafe family environment exists
- Abandonment or neglect of the student by the parent(s) have occurred
- The custodial parent(s) is incarcerated
- The student has been removed from the parent(s) residence by court order
- Other unusual or extraordinary circumstances, events or incidents, particularly ones related to any of the seven automatic conditions for independency listed on the FAFSA
- Other supporting documentation such as police reports or court orders

A dependency override cannot be approved due to:

1. Financial self-sufficiency
2. A parent is UNWILLING to contribute financially toward the student’s educational and living expenses
3. A parent is UNWILLING to provide information required on the student’s FAFSA or to assist in completing the verification process and/or
4. A parent does not claim the student as a federal income tax exemption
5. You and your parents have disagreements resulting in a strained relationship

Pease provide the following information:

1. **Personal statement** - Your statement should explain the basis of your appeal. Please note your statement is completely confidential and will be used solely for the determination of this dependency appeal. This must be signed and dated.
2. **Provide an additional statement from professional:** The statement should verify circumstances described in your personal statement. This must be signed, dated and include contact information. Examples of professionals include clergy members, attorneys, school guidance counselors, medical doctors, mental health professionals, law enforcement officers, Department of Social Services and officers of the court.
3. **Provide an additional statement:** This statement should be from another person that is aware of your situation and can verify circumstances described in your personal statement. This must be signed, dated and include contact information.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison or both.

I hereby certify that all information reported on this form and any attachments hereto are true, complete and accurate. False statements or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

Student Signature

Date

For Office Use Only

Dependency Override Approved

Dependency Override Denied

FA Advisor Signature: _____ Date: _____

Supervisor Signature _____ Date: _____

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