



2011-12 DEPENDENCY OVERRIDE REQUEST

FOR OFFICE USE:

DATE:

The Department of Education, determines a student's status as dependent or independent by the answers the student provides on the Free Application for Federal Student Aid (FAFSA). Students are classified as dependent or independent because federal student aid programs are based on the principle that students (and their parents) are considered the primary source of support for postsecondary education.

There are however, situations where a student may have unusual circumstances in which s/he should be considered independent. In such cases, the student must complete this form and attach written documentation from a third party professional (e.g. minister, psychologist, social worker, etc.)

Circumstances given consideration:

1. Student's voluntary or involuntary removal from their parents' home due to an extreme situation that threatened the student's health and/or safety and due to this condition, parent support was terminated
2. Incapacity of parent(s) such as incarceration, mental or physical illness.
3. Other extenuating circumstance that can be sufficiently documented.

NONE of the conditions listed below qualify as unusual or merit a dependency override:

1. Parents refuse to contribute to the student's education;
2. Parents are unwilling to provide information on the FAFSA or for verification;
3. Parents do not claim the student as a dependent for income tax purpose;
4. Student demonstrates total self sufficiency.

NOTE: All requests must be documented and show that all financial and emotional contact with your parents has been severed as a result of an unusual circumstance. The Financial Aid Administrator's decision is final and cannot be appealed the U.S. Department of Education.

Student ID#: _____ Date of Birth _____

Last Name: _____ First Name: _____

Street Address: _____

Contact Phone#: _____
Street City State Zip Code

Biological Parents

Mother

Father

Name: _____

Address: _____

Phone #: _____

1. Have you previously been approved for a Dependency Override at Saddleback College? (Check One)

- No
- Yes

2. Attach a personal letter explaining the reason for the Dependency Override Request: Please summarize your situation explaining the history behind the estrangement, adverse home situation, or other circumstances.

3. What are your present living arrangements (who do you live with, how much rent do you pay each month?) and since what date?

4. How do you support your self and meet your living expenses?

5. When was the last time you lived with your **Mother**? _____ With your **Father** _____

month / year

month / year

6. When was the last time you had contact with **Mother**? _____ With your **Father** _____

month / year

month / year

7. When did your **Mother** last provide support for you? _____ Your **Father** _____

month / year

month / year

Additional Documentation Required:

The above information must be verified and documented by a third party professional who is aware of your situation and can certify the facts you present (**Third Party Certification** form is attached). Examples of such persons would include clergy, social workers, or other social services personnel, court officials, teachers, counselors and police officers.

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT AND I UNDERSTAND THAT IT WILL BE USED TO OVERRIDE FEDERAL REGULATIONS REGARDING MY DEPENDENCY STATUS. I FURTHER UNDERSTAND THAT IF I MOVE BACK WITH MY PARENTS OR RECEIVE ANY KIND OF SUPPORT FROM THEM I MUST REPORT THIS TO THE FINANCIAL AID OFFICE IMMEDIATELY.

Student Signature _____ Date _____

FOR OFFICE USE ONLY

APPROVED

DISAPPROVED

COMMENTS:

FA SPECIALIST SIGNATURE

DATE

