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CAMPUS: INITIAL: _____

C D E OM

2021 – 2022: Dependency Override Request

Name: _____ CCBC ID: _____

The Financial Aid Office can use professional judgment in determining a student’s dependency status if extenuating and unusual circumstances exist. If you feel that extenuating or unusual circumstances prevent you from gathering parental information, please complete all sections and attach all required supporting documentation.

The following are **NOT** considered extenuating or unusual circumstances as stated by the U.S. Department of Education.

- Parents are unwilling to provide information on the FAFSA application or for verification.
- Student is reluctant to request the income information from parents.
- Parents do not claim the student as a dependent for income tax purposes.
- Student demonstrates total self-sufficiency.
- Student does not wish to communicate with parents.

COMPLETE ALL SECTIONS. LEAVE NOTHING BLANK.

SECTION A: CURRENT LIVING SITUATION															
1. With whom do you currently live (answer below)?															
1a. Name(s): _____															
1b. Relationship(s) to you : _____															
2. When did this arrangement begin?															
_____ / _____ (month/year)															
SECTION B: EXPENSES															
1. Do you receive any of the benefits or assistance from the state or federal government listed below?															
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Housing (Housing Choice Voucher Program)?</td> <td style="width: 25%;"><input type="checkbox"/> Yes</td> <td style="width: 25%;"><input type="checkbox"/> No</td> </tr> <tr> <td>Utilities (Gas, electric, etc.)?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Food (SNAP, food stamps, etc.)?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Cash Assistance (TCA, TANF, Welfare, etc.)?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> <tr> <td>Medical Assistance (Priority Partners, Amerigroup)?</td> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>	Housing (Housing Choice Voucher Program)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Utilities (Gas, electric, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Food (SNAP, food stamps, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cash Assistance (TCA, TANF, Welfare, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Medical Assistance (Priority Partners, Amerigroup)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Medical Assistance (Priority Partners, Amerigroup)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No													
2. Explain how the following expenses are met (i.e. current employment, state/federal benefits, family, etc.). <i>You may be asked to provide documentation.</i>															
Housing: _____															
Food: _____															
Transportation: _____															

Proceed to next page



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SECTION C: PARENTAL INFORMATION

1. Please provide the information below regarding your **biological or adoptive** parents to the best of your ability.

Biological/Adoptive Mother	Biological/Adoptive Father
First Name: _____	First Name: _____
Middle Name: _____	Middle Name: _____
Last Name: _____	Last Name: _____
Date of Birth: ____/____/____ (mm/dd/yy)	Date of Birth: ____/____/____ (mm/dd/yy)
When was the last time you lived with your biological/adoptive mother? ____ / ____ (month/year) OR <input type="checkbox"/> Never	When was the last time you lived with your biological/adoptive father? ____ / ____ (month/year) OR <input type="checkbox"/> Never

Please note the list of situations that are not considered extenuating or unusual circumstances on previous page.

2. Why are you no longer living with your biological/adoptive **mother**?

3. Why are you no longer living with your biological/adoptive **father**?

SECTION D: THIRD PARTY DOCUMENTATION

Attach third-party documentation supporting the extenuating circumstances that you have described above. Examples of third-party documentation include one or more of the following:

- Signed, dated letter on official letterhead from school counselor, teacher, social worker, medical/mental health professional, clergy member
- Court orders, police reports, and/or statements from prison official(s)
- High school (senior year) records indicating guardian/custodian
- Death certificate(s) and/or proof of incarceration of parent(s)
- *Recent* federal or state benefit statements (for example: SNAP, Medicare, TCA)

SECTION E: ACKNOWLEDGEMENTS & CERTIFICATION

- I understand all dependency override decisions are made on a case-by-case basis, and this written request does not guarantee approval.
- If requested, I agree to provide further documentation to substantiate this request. Failure to submit all requested documentation will result in denial of the Dependency Override Request.
- NOTICE: Please be aware that, according to Maryland Family Law 5-701, educators are required to report current and past child abuse and neglect even when the former victim is now an adult and even when the former alleged abuser is deceased. If you disclose current or past abuse/neglect in any submitted paperwork or to any financial aid staff personally, we are required by law to report it. CCBC Financial Aid Office will report the suspected abuse/neglect to the Title IX officer. If you have any questions, contact the Title IX Office at TitleIX@ccbcmd.edu.

Warning: The student signing this worksheet certifies that all the information reported is complete and accurate. If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student's Signature

Date

Please allow *at least* 2-3 weeks after ALL documents submitted for review. Check your SIMON account for status updates.
All documents must be submitted by the last day of the semester.