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**2019 – 2020: Dependency Override Request**

Name: \_\_\_\_\_ CCBC ID: \_\_\_\_\_

On a case-by-case basis, 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 you have extenuating or unusual circumstances that prevent you from gathering parental information or warrant consideration for financial aid as an independent student, 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.

**SECTION A: PARENTAL INFORMATION**

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)
Previous/Other Names: _____	Previous/Other Names: _____
Do you live with your <b><i>biological or adoptive</i></b> mother?	Do you live with your <b><i>biological or adoptive</i></b> father?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If no, when was the last time you lived with your mother? ____ / ____ (mm/yy) <b>OR</b> <input type="checkbox"/> Never</i>	<i>If no, when was the last time you lived with your father? ____ / ____ (mm/yy) <b>OR</b> <input type="checkbox"/> Never</i>

**SECTION B: EXPENSES**

Do you receive any of these benefits or assistance from the State or Federal government? **LEAVE NOTHING BLANK.**

1. Housing (Housing Choice Voucher Program)?     Yes     No
2. Utilities (Gas, electric, etc.)?                     Yes     No
3. Food (SNAP, food stamps, etc.)?                 Yes     No
4. Cash Assistance (TCA, TANF, Welfare, etc.)?     Yes     No
5. Medical (Medicaid)?                                 Yes     No

