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**2019 – 2020: Dependency Override Renewal Request**

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

If the Community College of Baltimore County (CCBC) Financial Aid Office approved your request for Dependency Override in the 2018-19 school year or a previous year of attendance, you are eligible to have that status re-evaluated by completing a renewal request. All information submitted is kept confidential.

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: CIRCUMSTANCES**

Please answer the following questions in as much detail as possible. **LEAVE NOTHING BLANK.**

1. With whom do you currently live? \_\_\_\_\_

1a. When did your current living arrangement begin? \_\_\_\_\_ / \_\_\_\_\_ (MM / YYYY)

2. When was the last time you had contact with your biological/adoptive **mother**? \_\_\_\_\_ / \_\_\_\_\_ (MM / YYYY)

3. When was the last time you had contact with your biological/adoptive **father**? \_\_\_\_\_ / \_\_\_\_\_ (MM / YYYY)

4. Why is your biological/adoptive **mother** no longer supporting you?

\_\_\_\_\_

5. Why is your biological/adoptive **father** no longer supporting you?

\_\_\_\_\_

2. Explain how the following expenses are met (i.e. current employment, state/federal benefits, family, etc.). **You may be asked to provide documentation.**

Housing: \_\_\_\_\_

Food: \_\_\_\_\_

Transportation: \_\_\_\_\_

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**➤ SECTION B: 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.

**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.**