

DEPENDENCY OVERRIDE FORM

Student Name _____ **ID** _____

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:

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

The federal Higher Education Act prescribes regulations regarding a student's dependency status. In accordance with US Department of Education guidance, a dependency override **cannot** be approved for an otherwise dependent financial aid (FAFSA) applicant if the following conditions are the only circumstances cited by the applicant:

1. The student claims 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

MAIL OR RETURN TO:

James Sprunt Community College, Attn: Financial Aid Office, PO Box 398, Kenansville, NC 28349

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Please complete this entire form and provide the information listed below if you have never appealed for independent status before.

1.) Personal Statement

Provide a personal statement (typed) with your signature and date. Your statement should COMPLETELY and EXPLICITLY explain the basis of your appeal. Please note that your statement is completely confidential and will be used solely for the determination of this dependency appeal.

2.) Provide two signed statements

Please provide a statement from two adult professionals who are not family members that verify the family circumstances described in your personal statement. Adult 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. Letters must be signed originals on a business letterhead with a professional title specified. Contact information (phone number/email) for the person signing the statement must be provided as well.

3.) Complete “Monthly Expense Worksheet” and the “Income Worksheet”

MONTHLY EXPENSE WORKSHEET

| <i>Expense</i> | <i>Monthly Cost</i> | <i>Who pays or provides it</i> |
|-----------------------|----------------------------|---------------------------------------|
| Housing | | |
| Utilities | | |
| Cable | | |
| Food | | |
| Clothing | | |
| Transportation | | |
| Medical/Dental | | |
| Health Insurance | | |
| Auto Insurance | | |
| Personal | | |

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INCOME
WORKSHEET

| <i>Income</i> | <i>Monthly</i> | <i>Source</i> |
|--------------------|----------------|---------------|
| Wages | | |
| Untaxed Income | | |
| Cash support/gifts | | |
| Other | | |

4.) Provide a copy of your lease and car insurance policy.

Please note we may request additional supporting documentation.

5.) Provide copies of your tax return transcript.

6.) Answer the following questions:

1. How long have you been living on your own? _____

2. Do you or have you in the past year received financial help from anyone? _____

List the estimated value of all bills or expenses that were paid on your behalf:

3. What year were you last claimed as an exemption on your parent(s) federal tax return? _____ We may request copies of your parent(s) tax transcripts.

4. When did you last live with your parent(s) for more than one month? _____

5. Father's Name: _____ Father's Phone Number: _____

Father's Address: _____

6. Mother's Name: _____ Mother's Phone Number: _____

Mother's Address _____

We reserve the right to contact your parent(s)

By signing this form, you agree to provide information that will verify the accuracy of your information, if requested. If you purposely give false or misleading information, you will be referred to the United States Department of Education's Inspector General. If you purposely give false or misleading information in order to qualify for Title IV funds, you may be fined, sent to prison or both.

STUDENT SIGNATURE _____ **DATE:** _____

Approved _____ **By** _____ **Date** _____

Denied _____ **By** _____ **Date** _____

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