



Student Name: _____

Banner ID/SSN: _____

Address: _____

Best way to contact you: Phone Email

 Phone or Email Address

Please read carefully and complete the steps below. Requests for dependency override will be reviewed by a financial aid specialist who will review your situation, collect your documents and make an initial determination. However, you may be asked for additional information or documents before a final determination is made. **Please keep in mind that filing out this form does not mean your request will be approved.**

Based on the guidelines set by the U.S. Department of Education you are a Dependent student. We do recognize that there may be extreme cases, when the student is unable to obtain parents' financial information due to physical or emotional abuse, severe estrangement, abandonment, parental drug or alcohol abuse, mental incapacity, or another such situation beyond your control.

Below are some reasons that **WILL NOT** grant a dependency override per Federal Regulations:

- You have chosen to leave parents and put yourself through college.
- You demonstrate self-sufficiency.
- Parent(s) do not claim you on their tax return.
- Parent or step-parent refuses to provide information or support.
- Parent(s) reside outside of the state/country.

Step 1 – Personal Statement

- On a separate piece of paper, please provide a **typed and detailed** statement (*one page only*) on why you should be considered an independent student. Please include a description of your past and current relationship with each of your parents and provide a timeline with the approximate dates of the events leading to your current situation. If you are receiving support from relatives or friends, please include the form of support and how you receive it. If you are self-supporting, include how you support yourself and how long you have done this. **Your statement must be signed and dated.** (*All information provided is confidential and will only be used to determine your dependency status.*)

Step 2 – Documentation

Have you previously been approved for a dependency override at COS? (Please check one)

- Yes** – Students who have been approved for a Dependency Override in a prior year **must** submit an updated, typed statement indicating what the current situation is between student and both parents. **Skip the remaining steps and sign and date this form.**
- No** – you must provide all required documents below.

Required Documentation

Please provide one of the following document(s) below:

- Provide one statement from an adult professional who is not a family member that can verify the family circumstances you described in your statement. They must identify both parents in their statement. **Signed statements should be on official letterhead or have the person's business card attached.**

Adult professionals include:

- | | | |
|----------------------------|-----------------------|-----------------------|
| ➤ Clergy members | ➤ Lawyers | ➤ Guidance counselors |
| ➤ Family Counselors | ➤ Teachers/Professors | ➤ Doctors |
| ➤ Psychologists | ➤ Psychiatrists | ➤ Therapists |
| ➤ Law Enforcement Officers | | |

- Provide any reports or documentation that support your situation such as a court report, police report, death certificate, social agency document, etc.

Step 3 – Student and Parent Information

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

2. What are your parents' full names and current (or last known) address?

Parent 1 Name _____ Parent 2 Name _____
Address _____ Address _____

3. When was the last time you lived with your parents? Month/Year: _____

4. When did your parents last provide any form of support? Month/Year: _____

5. What was the last date of any contact or communication with your parent(s)? Month/Year: _____

Step 4 – Student Income

2016 Income – Please answer the following questions:

1. Were you employed in 2016? Yes _____ No _____ If no, explain how you supported yourself last year:

2. Did anyone claim you on their 2016 Federal Income Tax return? No _____ Yes _____ If yes, please provide person's name and their relationship to you: _____

3. Cash support you received in 2016 from other people (including your parents): \$ _____
Name and relationship of person who provided cash support: _____

4. Please check the box below that applies to you.

- I am submitting a 2016 IRS Tax Return Transcript (or used IRS data retrieval)(*tax return transcript required*)
- I am submitting 2016 W-2 forms (I worked, but did not file)(*W-2 forms required*)
- I did not work in 2016 (*no document required*)

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 UNDERSTAND THAT IF I PURPOSELY GIVE FALSE OR MISLEADING INFORMATION IN CONNECTION WITH MY APPLICATION FOR FEDERAL STUDENT AID, I MAY BE SUBJECT TO A FINE OF UP TO \$20, 000, SENT TO PRISON, OR BOTH.

I UNDERSTAND THAT IF I MOVE BACK WITH MY PARENTS OR RECEIVE ANY KIND OF SUPPORT FROM THEM, I MUST REPORT THIS TO THE STUDENT FINANCIAL SERVICES OFFICE IMMEDIATELY.

SIGNATURE _____ DATE _____

~ FOR OFFICE USE ONLY ~

<p><u> </u> Dependency Override Approved</p> <p><u> </u> Adverse home environment</p> <p><u> </u> Supported by adult relative</p> <p><u> </u> Incarcerated</p> <p><u> </u> Other; require Director's approval</p>	<p><u> </u> Dependency Override Denied</p> <p>Reason</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Comments:

Certification:

I am hereby using my professional judgment based on the information and documentation provided.

FAFSA/SAR Certified ISIR Correction Date _____ School Year _____ Date _____

FAFSA/SAR Recertified ISIR Correction Date _____ School Year _____ Date _____

Signature