



Rockingham

COMMUNITY COLLEGE

Financial Aid Office PO Box 38 Wentworth NC 27375

Phone: 336.342.4261 ext. 2203 Fax: 336.342.1809 Email: finaid@rockinghamcc.edu

# 8	2020-2021 Request for Dependency Override
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Student Name: _____ Student ID: _____

Under Federal law, to the extent they are able, your family is primarily responsible for paying for your college expenses. To determine how much your family can afford to pay towards your college expenses, we must collect your financial information and your parents' financial information.

However, Federal law allows for some exceptions, if you have a special circumstance. The following are **examples** of some special circumstances where you may submit your FAFSA without providing parental information:

- Your parents are incarcerated; or
- You have left home due to an abusive family environment; or
- You do not know where your parents are and are unable to contact them (and you have not been adopted).

But not all situations are considered special circumstances. The following are situations that would **not** be considered a special circumstance:

- Your parents do not want to provide their information on your FAFSA; or
- Your parents refuse to contribute to your college expenses; or
- Your parents do not claim you as a dependent on their income taxes; or
- You do not live with your parents, or
- You demonstrate total self-sufficiency.

Directions: If you feel you have a special circumstance, please complete this form AND provide documentation to verify your situation. Do not leave anything blank on this form! Gather as much written evidence of your situation as you can. Written evidence may include court or law enforcement documents, letters from a clergy member, school counselor or social worker, and/or any other relevant data that explains your special circumstances. Your sole documentation cannot be from a friend or family member; third party documentation is required.

1. Your Address: Street _____ Apt _____
City _____ State _____ Zip _____

2. Your Phone: _____ Email: _____

3. Your Mother's Name: _____

4. Your Mother's Address: Street _____ Apt _____
City _____ State _____ Zip _____

5. Your Mother's Phone: _____ Email: _____

6. Your Father's Name: _____

7. Your Father's Address: Street _____ Apt _____
City _____ State _____ Zip _____

8. Your Father's Phone: _____ Email: _____

	Mother (month/year)	Father (month/year)
9. When was the last time you lived with your parents?		
10. When was the last time you had contact with your parents?		
11. When did your parents last provide any form of support?		

12. What are your present living arrangements? With whom do you live? How much do you pay each month? How long has this arrangement been going on?

13. How do you support yourself and meet your living expenses?

14. Please explain in detail the reason(s) you should be considered independent?

Please attach a separate piece of paper if necessary to provide additional information that you feel supports your request.

I certify that the information provided is true and correct and I understand that it may be used to override federal regulations regarding my dependency status. I understand that if I purposely give false or misleading information, I may be fined, be sentenced to jail, or both. I understand that if I move back in with my parents or receive any kind of support from them, I must report this to the Financial Aid Office immediately.

Signature _____

Date _____

For Office Use Only

_____ Dependency Override Approved (check appropriate criteria):

- | | |
|------------------------------------|---|
| _____ Adverse home environment | _____ Support by other adult relative |
| _____ Applicant supports parent(s) | _____ Other; requires Director's approval |

_____ Dependency Override Denied

Reason: _____

Certification: I hereby use my professional judgment based on the information and documentation provided.

Financial Aid Officer: _____ Date: _____