



Get There.

CENTRAL PIEDMONT COMMUNITY COLLEGE

Financial Aid/VA Office
P. O. Box 35009
Charlotte, NC 28235-5009
Telephone Number: (704) 330-6942
Fax: (704) 330-5053

2008-2009 REQUEST FOR DEPENDENCY OVERRIDE

Name: _____ Social Security Number: _____

Address: _____ Telephone Number: _____
_____ Date of Birth: _____

Student Status: Do you qualify for assistance as an independent student?

Federal student aid programs are based on the principle that the primary responsibility for financing your education lies with you and your parents. As you complete the **Free Application for Federal Student Aid (FAFSA)**, the questions in the Student Status section will help you to determine if you are eligible to apply for financial aid as a **dependent** or **independent** student.

In most cases your financial aid eligibility must be determined using your biological/adoptive parents' income and asset information. However, if your family circumstances are such that you are unable to live with and be supported by your biological/adoptive parents because of the involuntary dissolution of the family **due to abuse, death, imprisonment, abandonment or if your parents are physically or mentally incapacitated**, your dependency status may be reevaluated. In rare cases, you may be considered independent even if you do not meet the criteria on the **FAFSA**. If you feel that your situation warrants special consideration, you must be prepared to demonstrate that you are, in fact, self-sufficient and be able to document why your parents should not be required to contribute to your education.

You must also provide any court documentation, police records, written statements from yourself and two people who can explain why your circumstances warrant an exception and how you have been supporting yourself during the last year. The written statements can be from an uninterested third party, an adult relative, an adult you have lived with during the past year, a pastor or a counselor. The statements must include his/her relationship to you and what he/she has witnessed with regards to your situation. It must be signed by that individual, and a telephone number must be included as to where he/she can be reached for further questions. If you live alone, you must also provide documentation such as tax returns, lease agreement, and/or utility statements, etc., to demonstrate your ability to support yourself.

The following conditions, individually or in combination, do NOT merit a dependency override:

1. Parents' refusal to contribute to your education;
2. Parents' unwillingness to provide information on the FAFSA or verification;
3. Parents do not claim you as a dependent for income tax purposes;
4. Student's ability to demonstrate total self-sufficiency.

SECTION ONE: Student Status

	Yes	No
1. Were you born <i>before</i> January 1, 1985?	_____	_____
2. Are you a veteran of the U.S. Armed Forces?	_____	_____
3. Will you be enrolled in a graduate or professional program (<i>beyond a bachelor's</i>) in 2008-2009?	_____	_____
4. Are you married?	_____	_____
5. Are you an orphan or a ward of the court, or <i>were</i> you a ward of the court until age 18?	_____	_____
6. Do you have legal dependents (<i>other than a spouse</i>) who get more than half of their support from you?	_____	_____

If you have answered "YES" to any question in Section One, **STOP** and contact a financial aid administrator.

SECTION TWO: Reasons for Override Request

3. When was the last time you lived with a parent?

Mother _____ Father _____
Month/Year Month/Year

4. When is the last time you had contact with your parents?

Mother _____ Father _____
Month/Year Month/Year

5. When did your parents provide any form of support?

Mother _____ Father _____
Month/Year Month/Year

6. In what year were you last claimed by your parent(s) as a dependent on a Federal tax return? Year: _____

7. Are you included as a dependent under your parents' medical plan? Yes _____ No _____
List the name and address of the medical insurer and the person under whose insurance you are covered: _____

8. Do you own or have the use of an automobile? Yes _____ No _____
If yes, give the name and address of the registered owner: _____

9. If you are the registered owner, provide the following information:
Year, Make and Model _____
Purchase Date _____ Balance Owed _____ Monthly Auto Payment _____
If anyone other than yourself is making your auto payments, provide his/her name and relationship: _____

10. Did you/will you file a 2007 Federal Tax Return (1040, 1040A, 1040EZ or 1040TEL)? Yes _____ No _____
If yes, attach a complete signed photocopy. If no, list the name of your employer(s) and your weekly/monthly income from that/those employer(s). _____

SECTION FOUR: Verification of Income and Expenditures

Current Income – Describe your average monthly income and identify the source(s) by name (example: Self-employed, Burger King, Wal-Mart).

Income		
Type of Income	Amount Per Month	Source
Wages		
Savings/Investments		
Unemployment Benefits		
Social Security Benefits		
Welfare Benefits		
Cash		
Cash Support		
Other (Specify)		

Current Expenses – Estimate your currently monthly expenses below and how they are covered. Types of expenses are listed in the first column. Enter your estimate of the monthly amounts in the second column. In the third column, give the name(s) and relationship(s) of the person(s) who pay(s) the expense or provides the item for you. If you pay the cost, enter "Self" in the third column.

Expenses

Type of Expense	Monthly Cost	Source of Payment (Who pays the expense?)
Housing		
Utilities		
Telephone		
Transportation		
Gas		
Clothing		
Medical		
Education		
Other		

SECTION FIVE: Student Signature Block

I certify that (1) the information provided is true and correct and (2) I was not claimed as an income tax exemption by another individual (other than my spouse) for 2007. Furthermore, I agree to provide copies of my US Federal tax returns. I understand that if I purposely give false or misleading information in connection with my application for Federal Aid, I may be subject to a fine up to \$20,000, sent to prison, or both. I also understand that the information provided on this form may be used to override federal regulations regarding my dependency status.

I understand that if I move back in with my parent(s) or receive any kind of support from them, I must report this to the Financial Aid Office immediately.

Student's Signature

Date

SECTION SIX: Certification for Corrections:

I agree to have my corrections sent electronically by Central Piedmont Community College's Financial Aid/VA Office.

I certify that all of the information provided and corrected on my Student Aid Report is true and complete to the best of my knowledge. If I am asked, I agree to give proof that any information is correct. This proof might include a copy of my U.S. Tax Return filed by my family or me. I understand that if I purposely give false or misleading information on my Student Aid Report, I may be subject to a \$20,000 fine, a prison sentence, or both.

Student's Signature

Date

YOU MUST APPLY EACH YEAR TO HAVE YOUR INDEPENDENT STATUS RENEWED!

REMEMBER: *The success of your request for independent status depends upon you and what information you provide. Please provide all requested information. All information will be kept confidential and will only be used to determine your dependency status for financial aid purposes. If you have any questions, please call the Financial Aid/VA Office at (704) 330-6942.*

To be completed by the Financial Aid Office:

Financial Aid/VA Office Certification:

I have reviewed the information provided and find that the student is self-supporting and independent. *Circle appropriate criteria below:*

- Adverse home environment*
- Support by an adult relative*
- Incarcerated*
- Applicant supports parent(s)*
- Other:* _____

I have reviewed the information provided and find that the student is NOT self-supporting and independent. *Reason:*

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

Signature of Financial Aid Officer: _____ Date: _____

Warning: *According to the U.S. Department of Education, if you purposely give false or misleading information on form, you may be subject to a fine of up to \$20,000 or imprisonment for up to 5 years, or both.*