

For Student Information Only**2017-2018
Dependency Override Request Form**

In 2017-2018, under the U.S. Department of Education, Federal Student Aid Program regulations, a student is considered to be independent if one of the following criteria is met:

- **Born before January 1, 1994**
- **An orphan or ward of the court or was a ward of the court until the individual reached the age of 18**
- **A veteran of the Armed Forces of the United States or currently serving in active duty for purposes other than training.**
- **A graduate or professional student;**
- **A married individual;**
- **Has legal dependents other than a spouse;**

Financial aid regulations assume that the family has the primary responsibility for meeting the educational cost of the student. Therefore, a student must meet certain federal criteria to qualify for financial aid as an independent student. If you do not meet one of the criteria listed on the FAFSA, you will be evaluated as a dependent student, meaning that your parents must provide income and asset information. If there are extraordinary circumstances that may warrant reevaluation of your dependency status, (for example students that have been separated from their families due to an unsafe environment) and it can be documented, you may submit a dependency override request. Please provide the following information so that your financial aid administrator may make this determination. You may be asked for additional documentation depending on your individual situation.

Circumstances that **do not** merit a dependency override are:

1. Parents refusing to contribute to the student's education;
2. Parents unwilling to provide information on the application or for verification;
3. Parents not claiming the student as a dependent for income tax purposes;
4. A choice made by the student to move out of his/her parent's home and be financially independent.

Circumstances that may be considered:

Severe estrangement from parents. Examples include abandonment, parental drug/ alcohol abuse, parental mental incapacity, physical or emotional abuse, parental incarceration (written statements from at least two professional adults must document any of these examples). Professional adults would include teachers, clergy, guidance counselors, law enforcement officials or doctors. These statements must be signed and dated. If the statements are NOT on business letterhead, the statement must have an attached business card.

- On or after July 1, 2016, your high school or district homeless liaison (or the director of an emergency shelter program funded by the U.S. Department of Housing and Urban Development) determined that you were an unaccompanied youth who was homeless.
- On or after July 1, 2016, the director of a runaway or homeless Youth-Basic center or transitional living program determined that you were an unaccompanied youth who was homeless or that you were self supporting and at risk of being homeless.

Making Dependency Override Decisions

Financial aid administrators have the ability to make a documented determination of independence based upon "other unusual circumstances." Dependency overrides are permitted on truly exceptional circumstances and consideration of individual cases. These practices include, for example, making dependency overrides in situations when a student's parent cannot be located, or where an otherwise dependent student has been a victim of domestic violence and is no longer residing with his or her parents.

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2017-2018 DEPENDENCY OVERRIDE REQUEST FORM

_____	_____	_____	_____	_____
Name	First Name	MI	MCC ID #	Date of Birth
_____	_____		_____	
Home Phone Number		Cell Phone Number		

Please complete all the following items in support of your request:

1. Explain the unusual circumstance that makes you an independent student.

2. Identify the name and location of both of your parents.

Parent 1) Name _____ City _____ State _____

Parent 2) Name _____ City _____ State _____

3. Describe the last time you had contact with each of your parents (when, where and the nature of your contact.).

4.) Check off the box that best describes your relationship with your parents and provide an explanation.

No communication

Speak several times per year: Explain _____

Other: Explain _____

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5.) Describe how you have been supporting yourself.

6.) Please indicate the amount and source of your annual income for 2015 and 2016. (i.e wages, monetary gifts from persons other than parents, interest income).

2015	\$ _____	Source _____
2016	\$ _____	Source _____

7.) Please provide a letter from one (1) professional in addition to two (2) other adults who are aware of your situation. Statements from teachers, guidance counselors, members of the clergy as well as copies of appropriate court documents are also acceptable. The letter from the professional must be on official letterhead or agency stationary. All statements must include the following:

- Relationship of the individual writing the statement to you
- Date the individual met you
- Date the individual first learned of your circumstances
- An explanation of your individual circumstances and the relationship that you have with your parents.
- The letter **MUST** be signed by the person writing the statement

7a) Provide the following information for each of the individuals submitting documents on your behalf.

1.) Name _____
Address _____
Relationship to you _____

2.) Name _____
Address _____
Relationship to you _____

3.) Name _____
Address _____
Relationship to you _____

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8.) In addition to the information above, you must provide the following documents in order for your request for a dependency override to be evaluated.

- 2015 Income Documentation (IRS tax transcript, or Tax Return, W2 forms, letter from employer, etc.)
- 2015 Untaxed Income Documentation (i.e, TANF, social security, etc.)
- Independent Verification Worksheet

If any of the documents are not available, please provide an explanation on the lines below:

I certify that the information on this form is complete and accurate to the best of my knowledge. I understand that this form will be used to evaluate my application to be processed as an independent student and may be released to the New Jersey Higher Education Student Assistance Authority (HESAA).

Student Signature

Date

[FINANCIAL AID OFFICE USE ONLY]

Date Received: _____ If package is incomplete, date notice sent to student _____

PJ Decision APPROVED NOT APPROVED

FAA Comments: _____

Financial Aid Administrator Signature

Date