



## 2008-09 Dependency Override Form

Federal Regulations provide the Financial Aid office with the opportunity to use professional judgment on a student's financial aid file if special circumstances exist that can be documented. Any student that feels they have special circumstances to be considered for independent status in order to exclude the 2007 parental income information required to complete the 2008-09 FAFSA may appeal using this form. Complete this form only if you have special circumstances beyond your control that a third party can confirm. Submit the completed form to the Financial Aid office as a request to have the file re-evaluated and attach all documentation that supports the special circumstance.

Submission of this form does not guarantee a change in your financial aid eligibility and will be reviewed on an individual basis. After your request is reviewed a written decision will be mailed to the student approximately two weeks after the request is received. The request for dependency override comes under the regulations dealing with professional judgment (Higher Education Act, sec. 479A(a)).

### AN EXPLANATION OF DEPENDENCY STATUS FOR FINANCIAL AID

The Federal Department of Education, using rules established by Congress, gives the following conditions for determination of dependency status. It is defined in statute rather than regulation under the HIGHER EDUCATION ACT, TITLE IV, PART A, SECTION 480(d).

For the 2008-2009 award year, a student is **automatically** determined to be an independent student for Federal student aid if he or she meets any one of the following criteria:

- The student was born before Jan. 1, 1985;
- The student has earned a bachelor's degree;
- The student is a veteran of the U.S. Armed Forces;
- The student is an orphan or ward of the court;
- The student has children who receive more than half of their support from them;
- The student has dependents (other than a spouse) who live with them and receive more than half of their support from them; or
- The student is married at the time of application.

The financial aid office provides the following guidelines to students requesting a dependency status review:

- Independent status will be considered if an irrevocable severance of family ties exists due to extremely difficult/life threatening situations.
- Acceptable situations may include that the student was abandoned by the parents, or was forced to sever the ties because of physical or mental abuse, or was faced with a life-threatening situation.

Students who want us to change their status to independent or self-supporting should be aware that the following situations will **not** be acceptable.

- Student chose not to live with the parents.
- Student chose to live with other relatives.
- Student has no communication with parents.
- Parents refuse to contribute to the student's education.
- Student will not qualify for aid if parents' income is used.
- Parents refuse to provide required information.
- Parents live out of state.

**\*You must reapply each year if your request is approved.**



**STEP III: Living Circumstances**

5. How are you able to support yourself? Where have you been working and what have been your earnings since you ceased living with your parents? Explain any periods of non-employment.

<u>Dates of Employment</u>	<u>Name &amp; City, State of Employer</u>	<u>Weekly Earnings</u>
_____ to _____	_____	\$ _____
_____ to _____	_____	\$ _____
_____ to _____	_____	\$ _____
_____ to _____	_____	\$ _____
_____ to _____	_____	\$ _____

6. Have you received other forms of income assistance since you have become self-supporting? (Be specific – list sources, amounts, and dates of receipt.) **If another individual provides support, they need to sign the bottom portion of this form.**

\_\_\_\_\_  
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7. Are you currently covered by health insurance? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, are you covered by a policy of your parents? YES \_\_\_\_\_ NO \_\_\_\_\_

Please provide us with any additional information you feel would assist us in evaluating your situation. (Please attach additional sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**Additional information may be requested and required to adequately project 2008 household income. You will be notified in writing if additional items are needed.**

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**STEP IV: Student's Household Expected Income for 2008**

Please estimate the anticipated income your household will earn or receive from any source during the 2008 year. If your dependency override request is approved, your financial aid file may be revised based on the expected 2008 income listed below. If at anytime during the academic year your situation improves, you are required to notify our office immediately. List whole dollars for the entire year of 2008 and provide copies of the most recent pay stubs.

- 1. In 2008, how much will you earn from work? \$ \_\_\_\_\_
- 2. In 2008, how much will be received in Unemployment Compensation? \$ \_\_\_\_\_
- 3. In 2008, how much will be received in Child Support? \$ \_\_\_\_\_
- 4. In 2008, how much will be received in Workers Compensation? \$ \_\_\_\_\_
- 5. In 2008, how much will be received in Social Security benefits? \$ \_\_\_\_\_
- 6. In 2008, how much will be received in AFDC or ADC? \$ \_\_\_\_\_
- 7. In 2008, how much will be received in other untaxed income, such as earned income credit, housing, food, and other living allowances from military, clergy, and others? (Include cash payments and cash value of benefits) \$ \_\_\_\_\_

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**STEP V: Read, Sign, and Return to the Financial Aid office**

I certify that all of the information on this form and the attached documentation is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give additional proof of the information that I have provided on this form. I also realize that I if I do not give proof when asked, the Dependency Override Form will not be reviewed. If approved, I certify that I will notify the Financial Aid office immediately if my situation improves or the anticipated income listed is no longer accurate. I am aware that when my file is reviewed the following year, if the anticipated income is significantly higher than actual 2008 income, I may have to pay back some or all of the financial aid funds received for 2008-09.

\_\_\_\_\_  
Student's Signature Date

\_\_\_\_\_  
Other Signature Date

WCC does not discriminate based on any characteristic protected by law in its programs and activities.

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**OFFICE USE ONLY**

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_ Manager's Initials \_\_\_\_\_

**COMMENTS**

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