



# MIRACOSTA COLLEGE FINANCIAL AID OFFICE 2017-2018 DEPENDENCY OVERRIDE REQUEST

Name \_\_\_\_\_ Student ID# \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

City/State                      Zip Code                      Area Code                      Telephone Number

For consideration of your request to be considered an independent student for financial aid purposes, additional information and documentation of your family circumstances is required.

Please provide the required documentation listed below:

- Complete **PART 1** of the form on the reverse side of this page. Answer all questions in detail and **DO NOT USE N/A**. All questions are applicable, you must provide an answer. Incomplete forms may be denied.
- Complete **PART 2** of the form, listing the unusual circumstances of your family and why you believe you should be considered independent for financial aid purposes.
- Take **PART 3** of the form to a **third party professional** such as a physician, a counselor, priest, clergyman, or therapist who has knowledge of your situation. Provide a copy of the PART 3 instruction page and ask them to complete the form and provide a letter (on letterhead) further detailing your situation.
- **Return all documents (at the same time) to the Financial Aid Office.**

**YOU WILL BE NOTIFIED IN WRITING REGARDING THE RESULTS OF OUR REVIEW.**

**DO NOT WRITE IN THIS AREA**

Director \_\_\_\_\_ Date \_\_\_\_\_  PENDING  APPROVED  DENIED

COMMENT: \_\_\_\_\_

\_\_\_\_\_



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NOTE: DO

NAME \_\_\_\_\_ STUDENT ID # \_\_\_\_\_

**PART 1 – TO BE COMPLETED BY THE STUDENT**

**Do not submit this petition if you are currently living with or receiving support from your parent(s).**

1.) When did you last live with your parents? MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

2.) When did you last receive support from your parents? MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

3.) If you are currently receiving any assistance from them, please indicate what this is \_\_\_\_\_  
\_\_\_\_\_

4.) When was your last contact with your parents (in person, phone, email, etc.)? MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

What were the circumstances of this contact? \_\_\_\_\_  
\_\_\_\_\_

5.) What is your parents' current contact information:

- Mother's Name: \_\_\_\_\_ Telephone# \_\_\_\_\_

- Mother's Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

- Father's Name: \_\_\_\_\_ Telephone# \_\_\_\_\_

- Father's Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

6.) Indicate the amount and the source of your annual income for 2015 and 2016:

(Example: wages, interest income, monetary gifts from any sources.)

2015 \$ \_\_\_\_\_

2016 \$ \_\_\_\_\_

7.) Identify type and value of support you currently receive from any other sources: (Example: car insurance, health insurance, room and board, medical expenses, etc., if not being paid by you and/or being paid for you by someone else.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This information will remain confidential and will be used to help determine your eligibility for federal Title IV financial aid funds. Your signature below certifies that you have provided true and accurate information on this form.

STUDENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME \_\_\_\_\_

STUDENT ID# \_\_\_\_\_

**PART 2 – STUDENT CERTIFICATION**

Please explain in detail why you are unable to obtain your parent’s information for the Free Application for Federal Student Aid (FAFSA).

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Attach additional sheets, if needed.

I certify that this statement is true and correct to the best of my knowledge.

STUDENT’S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME \_\_\_\_\_

STUDENT ID# \_\_\_\_\_

### PART 3 – THIRD PARTY VERIFICATION

**Students, this form is to be completed by third party that knows your situation. Give them a copy of this form for guidance in preparing a statement to support your request for a dependency override.**

A third party is typically a professional such as a teacher, counselor, medical authority, member of the clergy, prison administrator, government agency, or court. Statements from friends or family members are not considered acceptable documentation.

The student named above has applied for financial aid at MiraCosta College and has indicated that s/he is unable to provide parental information due to unusual circumstances. Unusual circumstances include abandonment by parents, an abusive family environment that threatens the student's health or safety, or the student being unable to locate both parents. None of the following conditions, singly or in combination, qualify as unusual circumstances (though they may be the cause of any of the conditions listed previously):

- Parents refuse to contribute to the student's education.
- Parents are unwilling to provide information on the FAFSA or for FAFSA verification.
- Parents do not claim the student as a dependent for income tax purposes.
- Student demonstrates total self-sufficiency.

**Please provide a letter (on letterhead) under separate cover, stating your knowledge of the student's family history and relationship with parents. In your statement, specifically address the following:**

- 1.) How long have you known the student?
- 2.) What is your relationship to the student?
- 3.) Why do you believe that the student is unable to provide parental information?
- 4.) What is the last date you are aware that the student:
  - Received financial support from parents?
  - Lived with parents?

**CERTIFICATION:** This information will remain confidential and will be used to help determine the student's eligibility for federal Title IV financial aid funds.

**NOTE:** Your signature and contact information (business card preferred) must be included.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Print Name \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_