



Lassen Community College
 Financial Aid Office
 P.O. Box 3000
 Susanville, CA 96130

2023-2024 Dependency Override Request

**PRINT ALL INFORMATION NEATLY IN BLUE OR BLACK INK ONLY.
 DO NOT USE WHITEOUT.**

Dependency Status for purposes of receiving Federal Student Aid is determined by answers to questions on the Free Application for Federal Student Aid (FAFSA).

SECTION A: STUDENT INFORMATION

Last Name	First Name	M.I.	Student ID	Date of Birth
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SECTION B: EXCEPTIONS

Exceptions **may be considered** only if you can document extraordinary and unusual circumstances. Situations and examples that might warrant a dependency override include:

- Your parents are incarcerated.
- Your voluntary or involuntary removal from the parents’ home due to an abusive situation that threatened your safety and/or health.
- You do not know where your parents are and are unable to contact them (and you have not been adopted).
- Your physical or emotional welfare is jeopardized by contact with your parents.

Situations that **would not be considered** for a dependency override include:

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

Note: *If you have provided parental information on your FAFSA you cannot submit this form.*

In unusual circumstances, financial aid administrators are given the authority, under Section 480(d)(1)(I) of the Higher Education Act, to determine that a student is independent: this is dependency override. The decision made is final and cannot be appealed to Federal Student Aid.

If you feel your circumstances meet the criteria for an exception for a dependency override please submit the required documentation to the Financial Aid Office.

SECTION C: REQUIRED DOCUMENTATION

Provide a type written **detailed statement from you**, the student, as to why you are unable to provide parental information on your FAFSA.

- A **complete and signed FAFSA, or Student Aid Report (SAR)** if a FAFSA has been filed.
- Provide **documentation to verify your situation**. Gather as much written evidence of your situation as you can. Written evidence may include court or law enforcement documents, and must include at least one statement by a third party person with knowledge of your situation. The third person may include: counselors, teachers, clergy, community groups, government agencies, medical personnel or court administrators. Only in rare situations can the third party documentation be from a relative or friend.
- Verification Letter(s) should include and address the following:
 - Name, title, address, telephone number, date and signature on letterhead (if applicable).
 - What is your relationship to the student? How long have you known the student?
 - How familiar are you with the student’s relationship with their parents?
 - Do you know or have you met the student’s parents?
 - Do you believe contact between the student and parents would cause emotional or physical harm?
 - Please explain your specific knowledge of the student’s extreme circumstance that you believe qualifies the student for independent status consideration.

SECTION D: PARENT INFORMATION

Please provide your parent's name and contact information.

<u>FATHER:</u>				
Last Name	First Name	M.I.	Phone Number	
Street Address (include apt #)		City	State	Zip
<u>MOTHER:</u>				
Last Name	First Name	M.I.	Phone Number	
Street Address (include apt #)		City	State	Zip

When did you last live with your parents? _____/_____(Month/Year)

Are your parents still supporting you? _____YES _____NO

If yes, how much monthly support do you receive? \$_____

If no, when did they last provide support to you? _____/_____(Month/Year)

SECTION E: FINANCIAL SUPPORT

During the last 2 years (2021 and 2022) has anyone contributed to your financial support? (Paid your rent, provided you housing and/or food?) _____YES _____NO

If yes please explain:

Were you claimed as a tax exemption in 2021? _____YES _____NO

Have you/will you be claimed as a tax exemption in 2021?

Name of the person who claimed you: _____

Relationship to you: _____

SECTION D: SIGNATURE CERTIFICATION

I certify that all information reported is true and accurate. I understand that any false statements or misrepresentations may be cause for denial, reduction, withdrawal and/or repayment of financial aid and may be subject to fines and/or imprisonment.

Student Signature

Date