



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

2024-2025 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
-----------	------------	------	------------	---------------

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:

- Human trafficking, as described in the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7101 et seq.);
- Legally granted refugee or asylum status;
- Parental abandonment or estrangement; or
- Student or parental incarceration.

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.
- Student demonstrates total self-sufficiency.

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 (2022 and 2023) 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 2022? _____YES _____NO

Have you/will you be claimed as a tax exemption in 2022?

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