



## Cape Fear Community College

### 2018-19 REQUEST FOR DEPENDENCY OVERRIDE

**Directions:** Under Federal law to the extent your family is able, they are primarily responsible for paying for your college expenses. To determine how much your family can afford to pay toward your college expenses, we must collect your financial information and your parents' financial information.

**However, Federal law allows for some exceptions, if you have a special circumstance.** The following are examples of some special circumstances that allow you to submit your FAFSA without providing parental information:

- Your parents are incarcerated; or
- You were removed from your home due to an abusive family environment; or
- You do not know where your parents are and are unable to contact them and you have not been adopted.

**Not all situations are considered a special circumstance.** The following are situations that would NOT be considered a special circumstance:

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

Under Federal law, only your college has the authority to decide whether or not parental information is required on your FAFSA. **If you feel you have a special circumstance, please complete this form AND 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, letters (on official letterhead) from a clergy member, school counselor or social worker, and/or any other relevant data that explain your special circumstance. Documentation cannot be from a friend or family member; third party documentation is required.**

Student Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
(Required)

Address: \_\_\_\_\_  
Street Apt City State Zip

Phone #: (\_\_\_\_) \_\_\_\_\_

#### Mother

#### Father

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Street Apt Street Apt

City State Zip City State Zip

Phone: (\_\_\_\_) \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

*Parent's Information:*

**\*\*\*If parent is deceased, attach a copy of the death certificate.\*\*\***

1. What are your present living arrangements? With whom do you live? How much rent do you pay each month? How long has this arrangement been in effect?

2. How do you support yourself and meet your living expenses?

MOTHER                      FATHER

3. When was the last time you lived with your parents? \_\_\_\_\_  
Month/year                      Month/year

4. When was the last time you had any contact with your parents? \_\_\_\_\_  
Month/year                      Month/year

5. When did your parents last provide any form of support? \_\_\_\_\_  
Month/year                      Month/year

6. Please explain, in detail, the reason(s) you should be considered independent. **(To provide additional information that you feel supports your request, please attach a separate sheet.)**

7. **WRITTEN EVIDENCE MUST BE ATTACHED.** Please refer to the directions on the front of this form. Your request is **NOT** complete without appropriate evidence of your special circumstance.

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT AND I UNDERSTAND THAT IT MAY BE USED TO OVERRIDE FEDERAL REGULATIONS REGARDING MY DEPENDENCY STATUS. I UNDERSTAND THAT IF I PURPOSELY GIVE FALSE OR MISLEADING INFORMATION IN CONNECTION WITH MY APPLICATION FOR FEDERAL AID, I MAY BE SUBJECT TO A FINE OF UP TO \$20,000, SENT TO PRISON, OR BOTH.

I UNDERSTAND THAT IF I MOVE BACK IN WITH MY PARENTS OR RECEIVE ANY KIND OF SUPPORT FROM THEM, I MUST REPORT THIS TO THE FINANCIAL AID OFFICE IMMEDIATELY.

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

**Note: For additional information or questions, please call Rachel Cavanaugh at 910-362-7317 for an appointment.**

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**For Office Use Only**

\_\_\_\_\_ Dependency Override Approved                      \_\_\_\_\_ Dependency Override Denied

Reason: \_\_\_\_\_

*Certification:* I hereby exercise professional judgment based on the information and documentation provided.

\_\_\_\_\_ Financial Aid Officer                      \_\_\_\_\_ Date