

2016-2017 Dependency Override



183 College Drive • De Queen, AR 71832 • 870.584.4471 • 800.844.4471 • Fax 870.642.8766 • www.cccua.edu

NAME _____ CCCUA Student ID: _____
Last First Initial

Address _____
Street/P.O. Box City State Zip

Phone _____
Home Work Cell

Use this form to request a review of your dependency status. You must complete all questions on this form and provide all requested documentation. If any items are missing or left blank, this form will be returned to you unprocessed. If clarification of your situation is necessary, this office may request additional information or documentation beyond the requested items below.

You are considered an independent student for financial aid purposes if you answer yes to any of the questions listed on the FAFSA worksheet under Section 2 or Step Three of the FAFSA and do not need to complete this form. The FAFSA worksheet is located at: www.fafsa.ed.gov.

A. REASONS FOR APPEAL: Many students feel they are independent because they currently live on their own or because their parents no longer claim them on their income taxes. Others feel they should be considered independent because their parents refuse to provide information on the FAFSA or because their parents cannot afford to help with college expenses. However, these reasons are not sufficient for an appeal. The Financial Aid Office is required to consider parent information and expect a parental contribution for students who are not independent according to the above FAFSA definition unless exceptions are made. **Exceptions are made only when adequate documentation of extenuating circumstances exists.** Extenuating circumstances are generally defined by student's inability to have contact with their parents. Review the reasons for appeal below and check the one that best describes your circumstances. If none of these circumstances apply to your situation, do not complete this form.

1. Severe circumstances within your family prevent you from obtaining your parents financial information.
 - a. An abusive home situation, which is detrimental to your physical or mental well-being of the student.
 - b. Abandonment by parent/ parents.
 - c. History of parental alcohol or drug abuse.
 - d. Incarceration of the custodial parent.
2. Death of a parent after filing the FAFSA and the surviving parent meets one of the conditions listed above in number one.
3. You are a non-citizen of the United States of America (who is otherwise eligible to receive Federal Financial Aid) and you parents currently reside in a foreign country. However, you are unable to communicate with your parent(s) country of residence.
4. You are divorced after being married and maintain a residence apart from your and your former spouse's parents during the time you were married.
5. You have extenuating circumstances, not described above which prevent you from having contact with your parents to obtain parental information for filing FAFSA?

CCCUA is in compliance with EEO/AA/ADA in student and employment programs and activities. Call: 870.584.4471V or 800.844.4471V or AR RELAY Service for the Deaf and Hearing Impaired @ 711.

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B. PERSONAL STATEMENT AND DOCUMENTATION: Attach a written personal statement (preferably typed) that completely and explicitly explains the basis of your appeal. Please note that your statement will be used only to determine if a dependency exception should be made and the information will be held in strict confidence. Make sure your statement is signed and dated. Attach at least two acceptable sources of documentation, which verify all the facts of your appeal. Acceptable sources of documentation are listed below according to the reason for your appeal.

1. **If you checked reason #1, provide two or more of the following acceptable sources.**
 - a. Signed statements from two adult professionals who are not family members, which verify the family circumstances described in your personal statement. Letters must be signed originals on agency letterhead with the professional title. Personal references, which do not represent an agency opinion, must be notarized. (Adult professionals include, clergy members, attorneys, school guidance counselors, medical doctors, mental health professionals, teachers, professors, law enforcement officers, professional staff of Children and Family Services, Public Assistance Department, and officers of the court.)

2. **If you checked reason #2, provide two or more of the above sources and a photocopy of your parent’s death certificate or newspaper obituary.**
 - a. If your last name is different from your parent’s, please provide documentation that proves your relationship.

3. **If you checked reason #3, provide the following sources.**
 - a. Signed statement from the embassy or consulate of the country in which your parents live, which clearly states that policies of the country or of the United States of America which prevent mail and funds to be readily transferred between residents of the U.S. and their country. If and official government statement is not readily available, a similar statement from a refugee organization on their letterhead is acceptable. In addition, a notarized statement from your sponsors (if applicable) or a family member verifying the level and type of support you received from family, friends, or sponsors.

4. **If you checked reason #4, provide all of the following sources.**
 - a. Complete copies of your divorce decree, current federal tax returns (1040, 1040A, 1040EZ, 1040TEL) and W-2 forms.

C. MONTHLY EXPENSES AND INCOME WORKSHEET: Complete both.

1. **CURRENT EXPENSES-** Estimate your current monthly expenses below and how they are covered. Types of expenses are listed in the first column. Enter your estimate of monthly amounts on the second column. In the third column, give the names and the relationship of the person who pays the expenses or provides the item for you. If you pay the cost, enter “Self” in the third column.

EXPENSES	MONTHLY COST	WHO PAYS OR PROVIDES IT
Housing	\$	
Utilities	\$	
Food	\$	
Clothing	\$	
Transportation	\$	
Medical	\$	
Personal	\$	

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2. **CURRENT INCOME** – Describe your average monthly income and identify the source by name (example: Self-Employed, Burger King, Pilgrims).

INCOME	MONTHLY INCOME	SOURCES
Wages		
Interest		
Dividends		
Untaxed Income		
Cash Support		
Other		

D. ADDITIONAL INFORMATION: Answer all questions below.

1. In what year were you last claimed by your parent's, as a dependent on a federal tax return (1040, 1040A, 1040EZ)? Year _____
2. When did you last live with your parent's? Month and Year.

3. When did you last receive financial support from you parents? Month and Year.

4. Are you included as a dependent under your parents' medical plan? **Yes** _____ **No** _____
If **yes**, give the name and address of the medical insurer.

Name

Address

City

State

Zip

5. Do you own or have the use of an automobile while attending CCCUA? **Yes** _____ **No** _____
If **yes**, give the name and address of the registered owner

Name

Address

City

State

Zip

6. Did you file a 2015 Federal Tax Return (1040, 1040A, 1040EZ)? **Yes** _____ **No** _____
If **yes**, attach a completed, signed copy.

E. STUDENT CERTIFICATION: Read carefully before you sign.

I hereby certify that all information contained in this appeal for independent status, including my personal statement and other documentation, is true and complete to the best of my knowledge. I swear or affirm that I have not knowingly or intentionally provided any false statements or fraudulent documentation. I understand that if I am found to have knowingly or intentionally given false or fraudulent statement and/or documentation, my appeal will be denied and my eligibility for Federal and State student aid jeopardized.

Signature

Date

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RESULTS OF APPEAL TO APPLY FOR FINANCIAL AID AS AN INDEPENDENT STUDENT

Student _____ SS# _____

Address for Window Envelope:

STUDENT FINANCIAL ASSISTANCE RESPONSE TO STUDENT

- Your appeal cannot be considered until you provide more detailed documentation regarding the circumstances which you cited in your appeal explanation. Attach all required sources of documentation and a more complete letter of explanation. Promptly return this form and the required documentation to our office.
- Your appeal was approved. Please contact me in the Financial Aid Office or call (870)584-4471 or (800) 844-4471 to find out how to complete the FAFSA.
- Your appeal was carefully reviewed by the Financial Aid Director. At this time your appeal will not be granted.

Financial Aid Director

Date