

# 2021-2022



## Dependency Override Request (FDEPOR)

Student's Name (PRINT): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

HCC ID: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Campus: \_\_\_\_\_  
(9-digit number required) (Primary location of attendance)

The Department of Education determines a student's status as dependent or independent by the answers the student provides on the questions listed in Step Three of the Free Application for Federal Student Aid (FAFSA). Students are classified as dependent or independent based on the principle that students (and their parent) are considered the primary source of support for postsecondary education. Since you do not meet the federal definition of an independent student, you must provide documentation that demonstrates unusual circumstances that makes it unreasonable to expect parental data on your application for financial aid. Please complete this dependency override request and return it to the financial aid office with supporting documentation.

The following **DO NOT** qualify as reasons for requesting a dependency change:

- Student demonstrates total self-sufficiency.
- Parents are unwilling to provide information on the application or for verification.
- You do not live with your parents.
- Your parents do not claim you on their federal or state tax forms.

The following reasons may consider a student for a dependency override. If approved for a dependency override, a student's dependency status may be updated on the FAFSA to independent and the student's financial aid eligibility calculation can be based on student income information only.

- Abandonment by parents.
- An abusive family environment that threatens the student's health or safety.
- Student is unable to locate his/her parents.

Documentation is critical to the dependency override process. The documentation must support, and include the reason for, the request and should in almost all cases originate from a third party with knowledge of the unusual circumstances of the student.

A financial aid representative will review the request and examine the supporting documentation. Based on his/her professional judgment, the request will either be approved or denied. The student will be notified in writing to their HCC email address of the decision. The review process takes approximately 4 to 6 weeks.

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Student's Name (PRINT): \_\_\_\_\_ HCC ID: \_\_\_\_\_

Please provide a typed and detailed statement explaining the severe situation(s) that exists in your family preventing you from obtaining your parent's financial information, such as parent physical or emotional abuse, severe estrangement, abandonment, incarceration, drug or alcohol abuse, mental incapacity, or other such situations beyond your control.

Reason for requesting to be independent (attach detailed letter of explanation): \_\_\_\_\_

Check the type(s) of documentation you are providing to support your request. Three letters from third party persons must be provided to support your request.

Third party letters from:

- Minister
- Social worker
- Psychologist
- High school counselor
- Teacher
- Doctor
- Relative
- Other professional

If you are providing a report to document your circumstance, check one of the following:

- Police Report
- Court Reports
- Documentation from a social agency
- Parent's death certificate
- Other Report – Type: \_\_\_\_\_
- Other Documentation: \_\_\_\_\_

### **Certification**

By signing below, I acknowledge and confirm that the above information is complete and correct. Purposely giving false or misleading information may result in federal fines, jail sentence, or both.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_