

**Return to:**  
**Ohlone College**  
 Financial Aid Office  
 Building 7, 2<sup>nd</sup> Floor  
 43600 Mission Blvd.  
 Fremont, CA 94539  
 510-659-7309 (Fax)  
 financial\_aid@ohlone.edu



## DEPENDENCY OVERRIDE REQUEST

**Student's Name** \_\_\_\_\_ **ID #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

\_\_\_\_\_

*Federal financial aid is based on the assumption that students and their parents are primarily responsible for paying for college. If you are a dependent of your parents, FAFSA instructs you, by law, to provide parents' financial information. In extreme cases, the Financial Aid Office may be able to assist a student who may be considered independent.*

Per guidelines, the following circumstances (alone or in combination) are not eligible for Dependency Override:

- *Parents refuse to contribute to the student's education;*
- *Parents are unwilling to provide information on the application or for verification;*
- *Parents do not claim the student as a dependent for income tax purposes;*
- *Student demonstrates total self-sufficiency.*

Circumstances that may be approved for Dependency Override:

- *an abusive family environment (e.g., sexual, physical, or mental abuse or other forms of domestic violence)*
- *abandonment by parents*
- *incarceration or institutionalization of both parents*
- *parents lacking the physical or mental capacity to raise the child*
- *parents whereabouts unknown or parents cannot be located*
- *parents hospitalized for an extended period*
- *an unsuitable household (e.g., child removed from the household and placed in foster care)*

**To request for a Dependency Override, please answer the questions below**

Parents:	MOTHER	FATHER
Name:	_____	_____
Address:	_____	_____
	_____	_____

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

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

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

4. What are your present living arrangements?

\_\_\_ Homeless (living in shelter, motel, or car) since: (Date) \_\_\_\_\_  
\_\_\_ Living with others (with whom do you live? \_\_\_\_\_) since (Date): \_\_\_\_\_

How much do you pay in rent: \$ \_\_\_\_\_/Month  
If you do not pay rent, please explain your current living situation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please describe the current status of your relationship with your parents and what led to this situation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach a separate sheet of paper if necessary to provide additional information that you feel supports your request to be considered as an independent student.

### THIRD PARTY STATEMENT

Your request cannot be considered without a dated and signed statement, in letterhead, from a professional (e.g. Minister, Social Worker, High School/College Counselor, or Medical Personnel.) who has knowledge and information about your situation.

Check this box if you are not able to provide a statement from a professional. You must provide at least 2 signed statements from adult individuals who are aware of your situation (must be from two different types of relationship, i.e.: one can be a relative, the other person must be from a non-relative).

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE TO MY CURRENT SITUATION.

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

Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### FOR OFFICE USE ONLY:

Using professional judgment, this student is:  INDEPENDENT  DEPENDENT  
 More Information Needed

Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Financial Aid Director: \_\_\_\_\_ Date: \_\_\_\_\_