




**Frederick Community College**  
FINANCIAL AID OFFICE

7932 OPOSSUMTOWN PIKE • FREDERICK, MD • 21702 • (301) 846-2620 • FAX (301) 624-2886

**2020-2021 DEPENDENCY OVERRIDE APPEAL**

Student's Last Name	Student's First Name	Student's FCC ID#

The Financial Aid Office is required by federal law (Public Law 102-325, Sec 408(d)) to consider parent information and expect a parent contribution for the student unless the student can answer "yes" to one of the dependency questions on the Free Application for Federal Student Aid (FAFSA). If you cannot answer "yes" to one of the questions and you have special circumstances, please complete this form. We may be able to approve a dependency override for you. **Examples of special circumstances are: your parent is in prison, your custodial parent has died and you have no contact with the other birth parent, or there is a documented domestic dispute between you and both parents.**

We respect your right to keep your personal circumstances private, but we cannot approve appeals without complete and well-documented explanations of unusual circumstances. All information will be kept strictly confidential. We will not notify your parents or share any information with them without your written approval. Federal student privacy laws (e.g. FERPA) ensure that your information will be kept private.

Biological/Adoptive Parent 1 (name & address): \_\_\_\_\_

Biological/Adoptive Parent 2 (name & address): \_\_\_\_\_

Who owns the property where you live? \_\_\_\_\_

What is their relationship to you?  
\_\_\_\_\_

Who claimed you on their 2018 Federal Income Tax Return? \_\_\_\_\_

If someone other than yourself or biological/adoptive parent, what is their relationship to you?  
\_\_\_\_\_

Did you receive payments from welfare programs, social security, or disability in 2018? \_\_\_\_\_

If yes, benefit type(s), total amounts and number of months received: \_\_\_\_\_  
\_\_\_\_\_

In order for the Financial Aid Office to consider you an independent student for financial aid purposes, you must complete this form and provide the requested documentation listed on pages two and three of this form.



**1. A personal letter (typed or legibly written) explaining your special circumstances for consideration of independent status.** The following information must be included in your statement:

- How often you’ve had contact with your biological/adoptive parents in the last five years.
- When you last lived with either of your biological/adoptive parents and when they last provided you with any type of financial support.
- The reason you cannot provide parental financial information on the 2020-2021 FAFSA.
- Your living arrangement(s) over the past five years. With whom did you reside, where, and for what dates? Who provided financial support to you during the past year?
- Your educational plans.
- Your name, FCC ID number, and signature.

**2. A completed and signed 2020-2021 FAFSA with FCC’s school code 002071.**

- Submit your 2020-2021 FAFSA online at [www.fafsa.gov](http://www.fafsa.gov). You may select an option to avoid providing parental information.
- Enter the date you submitted your 2020-2021 FAFSA: \_\_\_\_\_
- You will need to provide 2018 tax information either by completing the IRS Data Retrieval Tool (instructions presented at [www.fafsa.gov](http://www.fafsa.gov)) or by submitting a 2018 IRS Tax Return Transcript or a signed copy of your 2018 federal tax return with all schedules. If you were not required to file a 2018 federal tax return, you need to submit an IRS Verification of Non-Filing and your 2018 W-2’s or 2018 IRS Wage and Income Transcript (see [www.irs.gov](http://www.irs.gov)) with this form.

**3. A completed and signed 2020-2021 Independent Verification Worksheet (if not enclosed, obtain at our office or print from: <http://www.frederick.edu>, search financial aid forms).**

**Complete the chart below. If a section does not apply to you enter \$0.**

STUDENT’S MONTHLY EXPENSES	2018 Monthly Expenses	Expense paid by (name of person & relationship to you)	2019 Monthly Expenses	Expense paid by (name of person & relationship to you)
1. Housing (rent, mortgage) & insurance/taxes	\$		\$	
2. Utilities (electric, gas, oil, water, etc.)	\$		\$	
3. Cable/Internet	\$		\$	
4. Food/personal care items	\$		\$	
5. Automobile/motorcycle payment	\$		\$	
6. Health and car insurance	\$		\$	
7. Credit cards and loan debt	\$		\$	
8. Cell phone	\$		\$	
9. Child care (for your children, if applicable)	\$		\$	
10. Clothing	\$		\$	
11. Other miscellaneous expenses	\$		\$	
<b>TOTAL MONTHLY EXPENSES/SUPPORT</b>	<b>\$</b>		<b>\$</b>	
If any expenses were for less than 12 months or not in your name, explain in your attached letter.				



**Additional documentation that must be included with this appeal:**

- Copies of your last three paystubs from all jobs to show your current income
- Copy of your current mortgage/lease agreement or a statement from your landlord stating how long you have lived at the residence and how much you pay per month
- Copy of your car title or registration card
- Copy of your most recent car insurance bill
- Copy of your most recent health insurance bill

**If you cannot provide certain documentation listed above, explain why in your letter.**

If you are requesting a dependency override because of a special family situation, also include:

- Statement from a 3<sup>rd</sup> party professional (e.g. counselor, minister, social worker, physician) familiar with the situation. The letter must be signed and provided on official letterhead. You may also provide police reports to verify your situation.

If you are requesting a dependency override because you have no contact with either biological/adoptive parent or the parent(s) are out of the country and not reachable due to special circumstances, are hospitalized, or in prison, also include one of the following:

- Statement on letterhead from a 3<sup>rd</sup> party professional person (e.g. counselor, minister, social worker, physician) familiar with the situation
- Copy of prison or hospitalization record
- Copy of any court records that support your lack of contact with your biological/adoptive parents

**Please note that Frederick Community College cannot make students independent if their parents refuse to complete the FAFSA.** Students also do not meet the federal requirements to be considered independent simply because the parent does not provide financial support. Students who do not have grounds for a dependency override may be limited to unsubsidized loans if their parent(s) refuse to complete the FAFSA and do not provide any financial support to the student. **If you are unable to provide all documentation required for a dependency override, complete the box below:**

<p>Did your parent(s) refuse to complete the FAFSA?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If you answered yes above, will your parent sign the statement below?    <input type="checkbox"/> Yes    <input type="checkbox"/> **No</p> <p><b>I refuse to complete the income information on my child’s Free Application for Federal Student Aid (FAFSA), and I do not and will not provide housing, food, insurance, or any other form of financial support for my child. I understand that by refusing to supply this information, I am limiting my child’s eligibility for Federal Student Aid to student unsubsidized student loans. My child will be ineligible for all free grant assistance (e.g. Federal Pell Grants, SEOG: Supplemental Education Opportunity Grants, State Grants, etc.).</b></p> <p><b>Provide the month and year support ended:</b> _____</p> <p>Parent’s Signature _____ Date _____</p> <p><small>**If your parent refuses to sign the statement above, provide a statement on letterhead from a 3<sup>rd</sup> party professional person (counselor, minister, social worker, physician) familiar with the situation. This statement must include the month and year when support ended.</small></p>
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**Certification Statement:**

I understand that (1) if I purposely give false or misleading information on this form or in my supporting documentation, I will be committing a federal crime and could be fined up to \$20,000, sent to prison, or both, (2) if my situation changes and I regain contact with my parent(s) or begin receiving financial support from them, I must immediately report this information to the FCC Financial Aid Office, and (3) that by signing this form, I am authorizing the FCC Financial Aid Office to verify my third party information.

**Student’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Frederick Community College prohibits discrimination against any person on the basis of age, ancestry, citizenship status, color, creed, ethnicity, gender identity and expression, genetic information, marital status, mental or physical disability, national origin, race, religious affiliation, sex, sexual orientation, or veteran status in its activities, admissions, educational programs, and employment.