



SOUTH  
SUBURBAN  
COLLEGE

Office of  
Financial Aid

# Request for Dependency Override 2016-2017

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

**All documentation below is required for each academic year even if a Dependency Override has been granted in the past.**

**1. A personal letter of appeal explaining the reason for your request for a dependency override. The letter should provide as much detail as possible, describing your separation from your parents. You are required to include the following documentation:**

- The whereabouts of your biological parents and their current living arrangements; include the last contact you had with your biological parents and the frequency of contact with them over the past year(s).
- Why you cannot provide parental information on the 2016-2017 Free Application for Federal Student Aid (FAFSA).
- Your living arrangements over the past year(s); with whom you have lived with and who has provided financial support for you.
- Your name, ID# and Signature.

**2. Letters from two individuals who can attest to your situation. Their letters should be one to two pages in length and provide as much detail as possible describing your separation from your parents.**

- The first letter should be from a professional individual not related to you – counselor, social worker, teacher, clergy, police, etc. Please submit on organizations letterhead.
- The second letter should be from either a professional or non-professional individual who is very familiar with your situation.
- Each letter must include the individuals name, title or position, address, phone number and must be signed.
- The individuals cannot be related to each other and must reside at separate addresses.

**3. A completed and signed 2016-2017 FAFSA – leave the parent section blank.**

**4. A signed and dated copy of the student's 2015 Federal Income Tax Return and all W2s/1099s.**

**5. Please complete the following information:**

1. Did anyone claim you on their 2015 Federal Income Tax Return?

Yes  No If Yes, Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

2. Did you receive AFDC/TANF (welfare), SSI (disability), or Social Security checks in 2015?

Yes  No If Yes, list the name(s) of the source, how much you received PER MONTH, and the number of months you received the benefit in 2015.

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Number of Months Received: \_\_\_\_\_

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Expenses	2015 Amount	Support Provided By:	2015 Amount	Support Provided By:
Housing (rent, mortgage)				
Child Care				
Food				
Utilities				
Credit Card(s)				
Medical/Dental				
Clothing				
Auto (car payments, insurance, and maintenance)				
Other Personal Expenses (Cable, Internet, Phone)				
Total MONTHLY Expenses				
Total YEARLY Expenses				

By signing this form you are certifying that all information on the form is correct and that you will provide the requested documents to verify the information. If you purposely give false or misleading information on this form, you may be referred to the Inspector General, which could result in being fined, sent to prison, or both.

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