



## 2021-2022 REQUEST FOR DEPENDENCY OVERRIDE

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ SSC ID: \_\_\_\_\_

Purpose of Petition: This form allows you to request special consideration of your dependency status for financial aid purposes for the 2020-2021 award year. The law requires a determination of unusual circumstances for a dependency override be made each award year. A decision made in one award year does not automatically mean a student would be deemed independent in another year. In addition, a dependency override performed at another school will not warrant a dependency override at SSC. If the financial aid administrator determines an override is not appropriate, the decision cannot be appealed.

Federal regulations require parents to have the primary responsibility to pay for a dependent student's educational expenses. None of the conditions listed below, singly or in combination, qualify as unusual circumstances meriting a dependency override:

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

### Instructions for completing the petition and initiating a review of your dependency status:

1. Read the criteria and all instructions carefully on this form.
2. Have you completed your **2021-2022 FAFSA**  Yes or  No
3. Submit completed and signed request for dependency override, two third-party witness forms to the Financial Aid Office along with:
  - A detailed letter from you explaining why you believe you should be considered independent of your biological or adoptive parents. Explain any special family circumstances, incidents, and/or events which prohibit your biological or adoptive parents from supporting you. Attach supporting documentation (i.e. police reports, court records or DCFS documents, etc.)
  - Name and address of both your biological or adoptive parents;
  - The last time you had contact with each of your parents – when, where, and the nature of the contact;
  - The most recent support (including cash, food, housing, vehicle, car insurance, medical insurance, etc.) you received from your biological parents or adoptive parents;
  - Copy of the student's 2019 and 2020 IRS Federal Income Tax Transcript and all W2's
  - Did or will your parent(s) claim you as a tax exemption in 2019 or 2020?  Yes or  No
  - Were you, or will your be, claimed as a tax exemption by anyone in 2019 or 2020?  Yes or  No  
If yes, who? \_\_\_\_\_

### Please check one:

- This is my first dependency review  
 I am applying for a renewal of a previous dependency override granted by SSC

### Student Certification:

I certify that all information contained in this petition, including my personal statement, witnesses and other documentation, is true and complete to the best of my knowledge. If asked, I agree to provide further documentation of the statements provided with this petition. **Warning:** If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### Office Use Only:

Dep Override Approved  Dep Override Denied Notes: \_\_\_\_\_

FAA: \_\_\_\_\_ Date: \_\_\_\_\_



## 2021-2022 REQUEST FOR DEPENDENCY OVERRIDE

### 2021-2022 Witness Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ SSC ID: \_\_\_\_\_

The student named above is submitting a request for Dependency Override to the Financial Aid Office at South Suburban College based on unusual family circumstance. These circumstances may include: unsafe home environment, abuse, neglect, and/or abandonment.

Federal regulations require parents to have the primary responsibility to pay for a dependent student's educational expenses. None of the conditions listed below, singly or in combination, qualify as unusual circumstances meriting a dependency override:

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

The request for Dependency Override requires statements from at least **TWO** witnesses familiar with the family situation. At least one of the witnesses must be from a third-party who is not a family member. Examples of third-party witnesses include: teachers, pastor/priest, guidance counselor, social worker, mental health counselor, law enforcement official, and/or physician. In the space provided below or attach an additional sheet if necessary. Provide a detailed statement that will corroborate the student's claims of unusual family circumstances. You must include: your relationship with this student, how long you have known him/her, and any/all details about the student's family situation. Include student name and ID on all submitted documentation.

**NOTE: All witnesses must complete and sign this form.** A third-party witness may attach statement on official letterhead instead of using space below; and, by doing so, **will not** require official notary public certification. Otherwise, all witnesses must have this document notarized.

Name of Witness: \_\_\_\_\_ Occupation: \_\_\_\_\_

Telephone \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ How long have you known student?: \_\_\_\_\_

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

By signing this form, I understand that if I purposely give false or misleading information, the Dependency Status Petition for the student named above may be denied and I will be referred to the United States Department of Education's Inspector General for further action.

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



## 2021-2022 REQUEST FOR DEPENDENCY OVERRIDE

### 2021-2022 Witness Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ SSC ID: \_\_\_\_\_

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Name of Witness: \_\_\_\_\_ Occupation: \_\_\_\_\_

Telephone \_\_\_\_\_ Email: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ How long have you known student?: \_\_\_\_\_

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

**By signing this form, I understand that if I purposely give false or misleading information, the Dependency Status Petition for the student named above may be denied and I will be referred to the United States Department of Education's Inspector General for further action.**

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date