



**2021-22 REQUEST FOR DEPENDENCY OVERRIDE**

Student Name: \_\_\_\_\_

BRCC ID#: \_\_\_\_\_

Under Federal law, to the extent they are able; your family is primarily responsible for paying for your college expenses. This is how we determine how much your family can afford to pay towards your college expenses, we must collect you and your parent(s)' financial information.

**However, federal law allows for some exceptions, if you have a special circumstance.** The follow are **examples** of some special circumstances where you may submit your FAFSA without providing parental information:

- Your parents are incarcerated; or
- You have left home due to an abusive family environment; or
- You do not know where your parents are and are unable to contact them (and you are not adopted).
- **But not all situations are considered special circumstances.** The following are situations that would **NOT** solely be considered a special circumstance:
  - Your parents do not want to provide their information on your FAFSA; or
  - Your parents refuse to contribute to your college expenses; or
  - Your parents do not claim you as a dependent on their income taxes; or
  - You do not live with your parents; or
  - You demonstrate total self-sufficiency.

**DIRECTIONS: If you feel you have a special circumstance, please complete this form AND provide documentation to verify your situation.** Do not leave anything blank on this form! Gather as much written evidence of your situation as you can. Written evidence may include court or law enforcement documents, letters from a clergy member, school counselor or social worker, and/or other relevant data that explains your special circumstances. Your sole documentation cannot be from a friend or family member – third party documentation is required.

**RETURN THIS COMPLETED FORM TO THE BRCC FINANCIAL AID OFFICE**

Your Address: \_\_\_\_\_

Your Telephone # \_\_\_\_\_

Your Email: \_\_\_\_\_

Your Mother's Name: \_\_\_\_\_

Your Mother's Address: \_\_\_\_\_

Your Mother's Telephone #: \_\_\_\_\_

Your Mother's Email: \_\_\_\_\_

Your Father's Name: \_\_\_\_\_

Your Father's Address: \_\_\_\_\_

Your Father's Telephone #: \_\_\_\_\_

Your Father's Email: \_\_\_\_\_



**Mother**

**Father**

- 1. When was the last time you lived with your parents? \_\_\_\_\_  
Month/Year
- 2. When was the last time you had any contact with your parents? \_\_\_\_\_  
Month/Year
- 3. When did your parents last provide any form of support? \_\_\_\_\_  
Month/Year

4. What are your present living arrangements? With whom do you live? How much rent do you pay each month? How long has this arrangement been going on?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

6. Please explain in detail the reason(s) you should be considered independent:  
\_\_\_\_\_  
\_\_\_\_\_

(Please attach a separate piece of paper if necessary to provide additional information you feel supports your request)

I certify that the information provided is true and correct and may be used to override federal regulations regarding my dependency status. **I understand that if I purposely give false or misleading information, I may be fined, sentenced to jail, or both.** I understand that if I move back in with my parents or receive any kind of support from them, I must report this to the Financial Aid Office at once.

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

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**FINANCIAL AID OFFICE USE ONLY**

Dependency Override Approved: Reason: \_\_\_\_\_

Dependency Override Denied: Reason: \_\_\_\_\_

Certification: I hereby use my professional judgment based on the information and documentation provided.

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