

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

**Pierpont Community & Technical College**  
**2016-2017 Dependency Override Request and**  
**Instructions for Third Party Documentation**

In extraordinary and documented cases, the financial aid office has the authority to use professional judgment to override a student's dependency status in order to make a student independent for the purpose of applying for financial aid. A student must be unable to obtain his/her parents' information because of extenuating circumstances.

**Parents' unwillingness to provide the information or inability to help support the student is not acceptable reasons for an appeal.** Students must submit a Dependency Override Request and third party reference letter to the financial aid office for consideration of a dependency override.

The information stated in the Dependency Override Request must be verified by a third party who is aware of your home situation and can verify the information you have provided. Examples of such persons include, but are not limited to: employer, clergy, social worker, attorney, court official, teacher, counselor, psychiatrist, psychologist, medical professional, law enforcement agent, immediate family member, etc.

**Instructions for third party references:**

Third party references must submit separate signed and dated statements, preferably on letterheads. Please include any information of which you have firsthand knowledge and that you feel best describes the student's situation. The following is a list of information that **MUST** be included in your letter:

1. How long have you known the student?
2. Your relationship to the student.
3. When was the last time the student lived with and/or received financial support from his/her parents?
4. Any knowledge of his/her relationship with his/her parents, and parents' whereabouts.
5. The steps that the student has taken to establish their independence from his/her parents.

**Please make sure to include your professional title, name and type of business, business address, telephone number and where to contact you should any additional information be required. Please see examples of acceptable supporting documentation listed below:**

- **Death of Parent**
  - Copy of death certificate or obituary
  - If student and parent have different last names, provide a copy of student's birth certificate
- **Parent is in Jail**
  - Statement from facility or courthouse indicating jail sentence and expected release date
- **Parent(s) Whereabouts are Unknown**
  - Third party references must specify that parents' whereabouts are not known

## 2016-2017 Dependency Override Request

**\*Three (3) Third Party References must be attached to this form\***  
**\*MUST COMPLETE ALL ITEMS – DO NOT LEAVE ANY ITEM BLANK**

### Student Demographics:

Name: \_\_\_\_\_  
DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone Number: (\_\_\_\_\_) \_\_\_\_\_

### Student's Income Information: Attach:

Current Year Total Income: \$\_\_\_\_\_ Prior Year Total Income: \$\_\_\_\_\_  
**Your Federal Income Tax Return or IRS Tax Return Transcript and your W-2's.**  
(Include all sources of income: wages, untaxed income, interest income, etc.)

### Student's Present Living Arrangements:

Whom do you live with? Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
If you live with another family, please indicate money received for living expenses:  
\$ \_\_\_\_\_/month  
Monthly rent and utilities: Number of years/months at current residence:  
\$ \_\_\_\_\_ Years \_\_\_\_\_ Months

How do you support yourself and meet expenses? If your income is insufficient, explain how you support yourself (roommates, someone else is supporting you, etc.).

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

### Parent(s) Information: (If deceased or unknown, please on name line.)

Father's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

### Dependency History:

When did you last live with your parents(s)? \_\_\_\_\_

When did your parents(s) last provide any monetary support for you? \_\_\_\_\_

When was the last time you had contact with your parents(s)? \_\_\_\_\_

**COMPLETE BOTH SIDES OF THE FORM AND SUBMIT IT TO THE OFFICE OF  
FINANCIAL AID AND SCHOLARSHIPS WITH THE THIRD-PARTY DOCUMENTATION LETTERS**

Explain the circumstances and history behind your home situation, why you no longer live with your parents, and why they no longer support you. Circumstances for **both** parents must be mentioned unless you have only lived with and been supported by one parent. (If parent(s) is deceased, a Death Certificate/Obituary Notice must be attached.)

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**STUDENT CERTIFICATION:**

I certify that the information provided on this form is true and correct. I also understand that it will be used to override federal regulations regarding my dependency status.

I fully understand that to falsify any information on this form in order to receive Federal Title IV funds is a federal offense and is punishable by law with a \$20,000 fine and/or imprisonment or both.

I understand that if my situation changes in any way, if I move back with my parents or receive any kind of support from them, that I must report this information to the Financial Aid and Scholarship Office.

I understand that by signing this form, I authorize the Financial Aid and Scholarship Office of Pierpont C&TC to contact my third-party reference and verify any of the information supplied on this form.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Approved/Denied: \_\_\_\_\_ New EFC: \_\_\_\_\_ Date Corrected: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

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