



## Feather River College – Financial Aid Office 2016-17 Dependency Override Appeal

**IMPORTANT NOTE: This petition is valid for only one academic year; you will need to renew your status every year. All information reported is confidential.**

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

FRC E-mail Address: \_\_\_\_\_

Aid Application:       FAFSA       CAL Dream Act

Appeals for independent status for the FAFSA or California Dream Application are reviewed on an individual case by case basis. Federal regulations state that ***none of the conditions listed below, singly or in combination, qualify as unusual circumstances meriting a dependency override:***

- 1) Parents refuse to contribute to the student's education.
- 2) Parents are unwilling to provide information on the FAFSA or CAL Dream Application or for verification.
- 3) Parents do not claim the student as a dependent for income tax purposes
- 4) Student demonstrates total self-sufficiency.

Examples of circumstances that might warrant approval of a dependency override are abandonment by parents or an abusive family environment that threatens the student's health or safety.

### **REQUIRED DOCUMENTATION IN ORDER FOR APPEAL TO BE PROCESSED:**

**NOTE: If you submitted a Dependency Override Appeal to FRC that was approved for 2015-16, please submit the 2016-17 Dependency Override RENEWAL Request instead of this form.**

1. The Financial Aid office must have your **2016-17 FAFSA or CAL Dream App** on file.
2. **If FAFSA: 2016-2017 Independent Standard Verification form**  
**If CAL Dream App: 2016-17 CAL Dream App Independent Standard Verification form**
3. If you filed taxes for 2015, a copy of your **2015 IRS tax return transcript**
4. If you did not file taxes for 2015:
  - **2016-2017 INDEPENDENT LOW EARNED INCOME VERIFICATION FORM**
  - A copy of your **2015 W-2 form(s)**
5. **STUDENT'S PERSONAL STATEMENT:** A signed, dated statement that clearly and fully outlines the extenuating circumstances you believe qualify you as an independent student. Examples of information to include: Why you left your parents' home? At what age? Was Child Protective Services involved? Describe any abusive situation at home, drug or alcohol abuse, if applicable. Were your parents emotionally stable? Was the family stable? Other?



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6. **TWO THIRD-PARTY STATEMENTS:** **Be sure that your name and student ID number are included on each statement.** A **minimum** of two third-party statements are required from responsible adults who are aware of your situation and who can verify the facts you present. One of these letters may be written by a relative not in the immediate family or an adult family friend; the other must be written by a responsible adult in a professional capacity on agency letterhead and must include their title, phone number and full address. Acceptable sources of professionals are included but not limited to:

- |   |                         |
|---|-------------------------|
| Clergy member                                     | Attorney                |
| School counselor or teacher                       | Medical doctor          |
| Mental health professional                        | Law enforcement officer |
| Case worker, such as Department of Human Services | Officers of the court   |

7. **ADDITIONAL DOCUMENTATION** may be required once the appeal is reviewed.

**CERTIFICATION:** I hereby certify that all information reported in this appeal, including my attached statements, 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. I affirm that I have not knowingly or intentionally provided any false statements or fraudulent documentation. False statements or misrepresentations will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

**You must file a renewal FAFSA or CAL Dream App each year and a Dependency Override Renewal Request if applicable.**

**PLEASE NOTE: THIS WORKSHEET MUST BE SIGNED AND DATED TO BE VALID. ELECTRONIC AND/OR DIGITAL SIGNATURES ARE NOT VALID**

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

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### OFFICE USE ONLY

DEPENDENCY OVERRIDE APPROVED

DEPENDENCY OVERRIDE DENIED

Comments Supporting Decision:

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

PROCESSED BY: \_\_\_\_\_ DATE: \_\_\_\_\_