



**2011-2012**  
**Financial Aid Department**  
**570 Golden Eagle Avenue**  
**Quincy, CA 95971**  
**FAX (530) 283-4659**

**APPEAL FOR INDEPENDENT STATUS**

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

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

Address: \_\_\_\_\_  
 Street City State Zip Code

E-mail Address: \_\_\_\_\_ Local Phone: \_\_\_\_\_

Appeals for independent status for the FAFSA are reviewed on an individual basis. Federal regulations state that none of the conditions listed below, individually or in combination, qualify a student for a dependency override:

- 1) Parents refuse to contribute to the student's education
- 2) Parents are unwilling to provide information on the FAFSA 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 result in approval of a dependency override are an abusive family environment or abandonment by both parents.

**Required Documentation in order for appeal to be processed:**

1. **STUDENT'S PERSONAL STATEMENT:** A signed, dated statement that clearly outlines the extenuating circumstances you believe qualify you as an independent student.
2. **TWO THIRD-PARTY STATEMENTS:** 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 or adult friend; the other may be written by a professional on agency letterhead and must include their title, phone number and 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

**Be sure that your name and student ID number are included on each statement.**

**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.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

**APPROVED**                       **DENIED**                       **PENDING**                       **RETURN TO STUDENT**

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

**APPROVED**                       **DENIED**                      **OFFICE USE ONLY**  
 **PENDING**                       **RETURN TO STUDENT**

**PROCESSED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
DEPOVR\_s:fa/1112/tracking/dependency override\_1112