



North Carolina Central University Office of Scholarships and Student Aid

919/530-6180 • 919/530-7959 (fax)

2017-2018 DEPENDENCY OVERRIDE FORM

We cannot continue processing your financial aid application until all requested information is received and completed. Please fax these requested documents to **919/530-7959** or mail to address on the last page of the document.

Section A: Information about You

Print the information requested below:

Student's Last Name First Name MI

Student's NCCU Banner ID / Last 4 digits of SSN

Student's Home Phone # / Student's Cell Phone#

Student's Email Address

Student's Permanent Address

City State Zip

The U. S. Department of Education has a definition of independent status that is different from, and should not be confused with, the IRS definition of independence. The Financial Aid Office **must** use the Department of Education definition of dependency. An institution **may** use professional judgment to override this status but justification and adequate documentation is required.

You are considered an independent student for financial aid purposes if you meet one of the following conditions for the 2017 - 2018 academic year:

- You will be 24 years old (born before January 1, 1994).
- You are currently active duty military or are a veteran of the U. S. Armed Forces.
- You are a graduate student enrolled in a master's or doctorate program.
- You are married.
- You have children, or other legal dependents (other than a spouse), who receive more than half of their support from you.
- You are a ward of the court **or** both of your parents are deceased.
- You are (1) an emancipated minor, (2) have a legal guardian determined by the court, or (3) are an unaccompanied youth who is/was homeless. (All documentation must be on file with the Financial Aid Office.)

Note: If you meet one of the above conditions you do not complete this form.

REASONS FOR REQUEST

If you want the Financial Aid Office to consider a dependency override, which eliminates the requirement for parental information on the FAFSA, you must be able to **explain** and **document** the circumstance(s). Many students feel that they are independent because they currently live on their own or because their parents no longer claim them on their income tax return. Others feel they should be considered independent because their parents refuse to provide information on the FAFSA or because their parents cannot afford to help with college expenses. However, these reasons are not sufficient for an appeal, and a student will not be made independent solely because he/she is self-supporting, is unwilling to accept parental assistance, or because a parent is unwilling to provide the financial data or support; nor will North Carolina Central University make a student independent based on the student being declared independent by another college or university.

The Financial Aid Office is required to consider parent information and expect a parental contribution for students who are not independent according to the FAFSA definition unless exceptions are made. **Exceptions are made only when adequate documentation of extenuating circumstances exist.** Extenuating circumstances are generally defined by a student's inability to have contact with his/her parents. Review the reasons for appeal below and check the one that describes your circumstance. **If none of these circumstances apply to your situation, do not complete this form.**

- ___ Circumstances within your family prevent you from obtaining parents' financial information.
- ___ An abusive home situation (physical, psychological, sexual) which is detrimental to your physical or mental well-being
- ___ Abandonment by both parents
- ___ History of parental alcohol or drug abuse
- ___ Incarceration of the custodial parent
- ___ Death of a parent after filing the FAFSA, and the surviving parent meets one of the conditions listed above

DOCUMENTATION

Attach a personal statement of circumstance which completely and explicitly explains the basis of your request. Please note that your statement will be used only to determine if a dependency override should be granted; the information will remain confidential. Additional documentation is required and must verify the family circumstances described in your personal statement. Acceptable sources are: school guidance counselor, medical doctor, mental health professional, teacher or professor, attorney, law enforcement officer, social worker and/or an officer of the court,

If the dependency override is being requested due to the death of a parent, a copy of the death certificate and/or newspaper obituary is required. If your last name is different from your parent's, please provide legal documentation of birth, adoption, marriage, divorce, or other circumstance which proves your relationship.

Unacceptable sources of documentation include:

1. Proof of house/apartment lease and/or bills in your own name
2. Income of parent(s) that made student ineligible for financial aid
3. Statement from parent(s) that the student is not claimed as a federal income tax exemption and will not receive any parental assistance for college and/or living expenses

Section B: Certification Statement and Signature

By signing this form, I certify that all information included in this request for a dependency override is true and complete. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my request will be denied, and my eligibility for aid jeopardized.

PLEASE NOTE THAT A DEPENDENCY OVERRIDE IS APPROVED ON AN ANNUAL BASIS. YOU WILL HAVE TO UPDATE YOUR INFORMATION AND SUBMIT A NEW REQUEST EACH YEAR. APPROVAL IS NOT AUTOMATIC.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

X _____
Student Date

Return completed form and all requested documents to:
Office of Scholarships and Student Aid
P. O. Box 19496 Shepard Station, Durham, NC 27707
Fax: 919/530-7959 / email: ssa@ncsu.edu

~~~~~**FOR OFFICE USE ONLY**~~~~~

**In the Financial Aid Administrator's professional judgment, this student's request for a dependency override is:**

\_\_\_\_\_ Approved                      \_\_\_\_\_ Denied                      \_\_\_\_\_ Trans#

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

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

**ENTER YOUR 9-DIGIT NCCU ID**

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