

**York County Community College** 

Financial Aid Office 112 College Drive Wells, ME 04090

P: 207-216-4403, <u>finaid@yccc.edu</u>

(Be sure to <u>password protect</u> documents you send through email)

## **Dependency Override Request and Instructions for Third Party Documentation**

In extraordinary and documented cases, the financial aid office has the authority to use professional judgement 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 are not acceptable reasons for an appeal. Students should submit a Dependency Override Request and two third party reference letters 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, etc.

## **Instructions for third party references:**

Third party references should submit separate signed and dates 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' wherabouts.
- 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) Wherabouts are unknown
  - Third party reference must specify that parents' whereabouts are not known

DEPENDENCY OVERRIDE REQUEST FORMS MAY NOT BE ACCEPTED WITHOUT THE THIRD PARTY DOCUMENTATION LETTERS ATTACHED!



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## **Dependency Override Request**

\*Two Third Party References must be attached to this form \*MUST complete all items- DO NOT LEAVE ITEMS BLANK

Student Demographics:	Name:		
Student Bemograpmes.	DOB: SSN:		
	Address:		
	Address:  City State Zip:		
	City, State, Zip:		
	Those removeseen removes		
Student's Income Information	Current Year Total Income: \$Prior Year Total Income: \$		
Student's meonic information	(Include ALL sources of income: wages, untaxed income, interest income, etc)		
	(mediate ALL sources of mediae, wages, untaxed mediae, mediae, etc)		
Student's Present Living	Who do you live with? Name:		
Arrangements:	Relationship:  Monthly rent and utilities: Number of years/months at current residence:		
_			
	\$months		
How do you support yourself and			
meet expenses? If your income is			
insufficient, explain how you			
support yourself (roommates,			
someone else supporting you, etc.).			
Parent Information: (If deceased or	Father's Name:		
unknown, indicate so.)	Address:		
	City, State, Zip:		
	Mother's Name:		
	Address:		
	City, State, Zip:		
Dependency History:	When did you last live with your parent(s)?		
	When did your parent(s) last provide any monetary support for you?		
	When was the last time you had contact with your parent(s)?		
	How often do you have contact with your parent(s)?		

Explain the circumstances and history behind your home and why they no longer support you. Circumstances for deceased, documentation must be attached). If the space please continue on an additional piece of paper and attached	<b>both</b> parents must be mentioned. (If parent(s) is provided is not sufficient to complete your answer,
prease continue on an additional prece of paper and attac	л.
Student Certification: I certify that the information provided on this form is truused to override federal regulations regarding my depen	
I understand that I must complete this every year that I a regulations if I wish to be considered for Independent st	
I understand that if my situation changes in any way, if I of support from them, that I must report this information	
I fully understand that to falsify any information on this a federal offense.	form in order to receive Federal Title IV funds is
I understand that by signing this form, I authorize the Fi references and verify any information supplied on this fe	
Student Signature:	Date:
FOR OFFICE USE ONLY:	
The Financial Aid Office has used Professional Judgeme	ent and determined that this student is:
INDEPENDENT Remarks:	DEPENDENT
FAA Signature:	Date:

If you plan on emailing documentation to us, please password protect any documents that have personally identifiable information (such as a Social Security Number) prior to emailing it. Instructions can be found here: www.yccc.edu, click on "MyYCCC" at the top, "Campus Services", "Financial Aid", "Financial Aid Forms", and "Password Protect Your Documentation".