



**YORK COUNTY COMMUNITY COLLEGE**

**York County Community College**

*Financial Aid Office*

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Wells, ME 04090

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**(Be sure to [password protect](#) 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 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 reference must specify that parents' whereabouts are not known

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



**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: _____ DOB: _____ SSN: _____ Address: _____ City, State, Zip: _____ Phone Number: _____ Cell Number: _____
Student's Income Information	Current Year Total Income: \$ _____ Prior Year Total Income: \$ _____ (Include ALL sources of income: wages, untaxed income, interest income, etc)
Student's Present Living Arrangements:	Who do you live with? Name: _____ Relationship: _____ 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 supporting you, etc.).	_____ _____ _____ _____ _____
Parent Information: (If deceased or unknown, indicate so.)	Father's Name: _____ 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)? _____

