

Dependency Status Change Request

Last Name

First Name

MI

CCCC ID# or SSN

Phone number (include area code)

The Department of Education considers you a dependent student until the age of 24 unless any one of the following situations applies to you:

- You are married;
- You will be working on a master's or doctorate program at the beginning of 2019-2020 school year;
- You have children who will receive more than half of their support from you between July 1, 2019 and June 30, 2020;
- You have dependents (other than your children or your spouse) that live with you and receive more than half of their support from you, now and through June 30, 2020;
- At any time since you turned 13, you are an orphan or a dependent/ward of the court or were in foster care;
- You are a veteran of the U.S. Armed Forces;
- You are currently serving on active duty in the U.S. Armed Forces for purposes other than training;
- You are an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless.

If you do not meet at least one of the conditions listed above and you were born after January 1, 1996 you are considered a **dependent student** for financial aid purposes and you must provide your parent(s) financial information on the Free Application for Federal Student Aid (FAFSA).

Federal guidelines, in some cases, allow schools to exercise "Professional Judgment" in overriding a student's dependency status in certain situations where the relationship between you and your parent(s) has been compromised in a serious and ongoing way. Examples of this include, but are not limited to, where you have experienced verbal or physical abuse, abandonment, or where your physical or emotional welfare is jeopardized by continued contact with your parent(s). The information you supply in this form is kept confidential and any documentation you provide can be returned to you upon your request.

To request an override of your dependency status you must submit the following to Cloud County Community College:

- A letter explaining your circumstances and your current living situation
- A letter from a teacher, counselor, medical professional, social worker or clergy who can verify your situation
- Court documentation and/or police reports
- 2019-2020 V1 Standard Verification Worksheet
- 2017 Tax Return Transcript, if applicable
- 2019-2020 Low or No Income Form

Financial Aid Forms are available on CCCC's home page at www.cloud.edu.

Check here if you have been approved for a Dependency Override during the previous academic year. If this applies to you and your situation has not changed, **please submit an updated statement regarding your situation.**

When was the last time you had contact with your parent(s)? _____

When was the last time your parent(s) provided any form of support? _____

Did your parent(s) claim you on their federal tax returns in any of the years listed below?

2017 Yes No **2018** Yes No

Will they claim you on their federal tax return in 2019? Yes No

Are you currently employed? Yes No If Yes-Monthly Wages: \$_____

Please provide the Name, Address and Phone Number of your current employer:

Do you have other sources of income? Yes No If Yes, please explain below:

Are you paying rent? Yes No If Yes, how much do you pay monthly? \$_____

Please provide the name, address and phone number of the person to whom you pay rent:

An approved Dependency Override will be valid for one academic year at CCCC.

If you attend another college, that college must conduct its own review.

Dependency Override requests must be renewed each academic year.

I certify that the above information is true to the best of my knowledge.

Student Signature

Date

Please note: All reviews of override requests are done on a case-by-case basis. Additional information may be requested in some circumstances. Please feel free to attach a statement if you feel there is further information that will help the Financial Aid Office staff when reviewing this request.

Office Use Only: Approved Denied Need Further Information

Reviewer Signature: _____ Date: _____