



OFFICE OF FINANCIAL AID
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2023-2024 Request for a Dependency Override

STUDENT NAME: _____ STUDENT ID: _____

You are requesting that the Edgecombe Financial Aid Office treat you as an Independent Student for federal student aid purposes. **All documentation below is required for each academic year even if a Dependency Override has been granted in the past.**

Please complete this form and provide the following documentation:

- **A personal letter describing the reasons why you believe you should be treated as an independent student.** The letter should provide as much detail as possible describing your relationship to your parent(s) and your unusual circumstances. In your letter please address the following:
 - Why you cannot provide parental financial information on the 2023-2024 Free Application for Federal Student Aid (FAFSA).
 - The last time (preferably the approximate month and year) you had contact with your biological father. Describe the nature of your last contact. Where is your father living? The last time (preferably the approximate month and year) you had contact with your biological mother. Describe the nature of your contact. Where is your mother living?
 - How have you supported yourself?
 - Your living arrangements the past two (2) years. Have you lived with anyone the past two years? His/her relationship to you?
- **Letters from two individuals who can attest to your situation.** The letters should be no more than one page and describe your relationship to your parent(s).
 - The letters should be on letterhead from professional individuals not related to you i.e.: a counselor, a social worker, a clergy member, law enforcement official etc.
 - Each letter must include the individual’s name, title or position, relationship to you, and address. The letter **must be signed**.
 - The individuals cannot be related to each other.
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- **A completed and signed 2023-2024 FAFSA leaving the parent section blank.**
- **A signed and dated copy of the student’s 2021 Federal Income Tax return and all W 2’s and/or 1099’s**

Please complete and submit required documentation on the second page

1. Did anyone claim you on their 2021 and/or 2022(Please Circle) Federal Income Tax Return? Yes No *If yes, give person’s name and relationship to you:*
Name: _____ Relation: _____

Student Name: _____ ECC ID# _____

2. Did you receive AFDC/TANF (welfare), SSI (disability), or Social Security checks in 2021 and/or 2022? (Please circle)

- a. Yes ___ No ___
- b. If yes, provide Source _____ Amount per month: _____
 Total amount for 2021: _____ Total amount for 2022: _____

3. Provide the following information about your expenses PER MONTH for 2022 or 2023 (if you are requesting a dependency override after December 31,2023). If you do not provide an expense below please tell us why.

Expenses	2022	2023
1. Housing (rent, mortgage)	\$ _____	\$ _____
2. Child Care	\$ _____	\$ _____
3. Food	\$ _____	\$ _____
4. Utilities	\$ _____	\$ _____
5. Credit Card(s)	\$ _____	\$ _____
6. Medical/Dental	\$ _____	\$ _____
7. Clothing	\$ _____	\$ _____
8. Auto (car payments, insurance, maintenance)	\$ _____	\$ _____
9. Other personal expenses	\$ _____	\$ _____
10. Total Month Expenses/Support	\$ _____	\$ _____
11. Total Yearly Expenses/Support (line 10 X 12 months)	\$ _____	\$ _____

CERTIFICATION AND SIGNATURES

Your signature below certifies that all of the information reported on this form is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

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

 Student's Signature Date _____

For Office Use Only

- Dependency Override Approved (check appropriate criteria):
 - Adverse home environment
 - Applicant supports parent(s)
 - Support by other adult relative
 - Other; requires Director's approval

Dependency Override Denied Reason? _____

Certification: I hereby use my professional judgment based on the information and documentation provided.

Financial Aid Officer: _____ Date _____