



OFFICE OF FINANCIAL AID  
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## 2022-2023 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.

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 2022-2023 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.
- A completed and signed 2022-2023 FAFSA leaving the parent section blank.

**Please complete and submit required documentation on the second page**

Student Name: \_\_\_\_\_ ECC ID# \_\_\_\_\_

1. Did anyone claim you on their 2020 Federal Income Tax Return? \_\_\_Yes\_\_\_ No

*If yes, give person's name and relationship to you:*

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

2. Did anyone claim you on their 2021 Federal Income Tax Return? Yes: \_\_\_ No: \_\_\_

*If yes, give person's name and relationship to you:*

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

3. Did you receive AFDC/TANF (welfare), SSI (disability), or Social Security checks in 2020?

a. Yes \_\_\_ No \_\_\_

b. If yes, provide Source \_\_\_\_\_ Amount per month: \_\_\_\_\_

Total amount for 2020: \_\_\_\_\_

4. Provide the following information about your expenses PER MONTH for 2019. If you did not have a given expense please tell us why.

Expenses	2020
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	\$
<b>10. Total Month Expenses/Support</b>	\$
<b>11. Total Yearly Expenses/Support</b> (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