

**2018-2019
REQUEST FOR DEPENDENCY OVERRIDE**

NAME: _____ **SCCC ID#:** _____

The U.S. Department of Education determines if a student is considered dependent or independent of their parents for financial aid purposes. How an applicant responds to the following questions on the FAFSA determines their status:

- ✓ Were you born before January 1, 1995?
- ✓ As of today are you married?
- ✓ At the beginning of the 2018-2019 school year, will you be working on a master's or doctorate program (such as an MA, MBA, MD, JD, PhD, Ed D, or graduate certificate, etc.)?
- ✓ Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training?
- ✓ Are you a veteran of the U.S. Armed Forces?
- ✓ Do you have children who will receive more than half of their support from you between July 1, 2018 and June 30, 2019?
- ✓ Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2019?
- ✓ At any time since you turned age 13, were both your parents deceased, were you in foster care or were you a dependent or ward of the court?
- ✓ As determined by a court in your state of legal residence, are you or were you an emancipated minor?
- ✓ As determined by a court in your state of legal residence, are you or were you in legal guardianship?
- ✓ At any time on or after July 1, 2017, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless?
- ✓ At any time on or after July 1, 2017, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless?
- ✓ At any time on or after July 1, 2017, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?

If you answer “YES” to **any** of the questions, you are considered ‘Independent’. If you answer “NO” to **all** of the questions, then you are considered ‘Dependent’ and **must** provide parental information.

Please Note: Emancipation is not recognized in the State of New Jersey. Therefore you cannot be considered independent under this status.

If you do **not** meet one of the conditions listed on the FAFSA, and believe there are extenuating circumstances, which may consider you ‘Independent’ of your parents, you may request an override by providing an explanation and statements of support &/or documentation.

PLEASE NOTE: The following is **not** eligible criteria to be an ‘Independent’ student:

- **Parents refusing to contribute to your education**
- **Parents unwilling to provide information on the FAFSA or documents for verification**
- **Parents not claiming you as a dependent for income tax purposes**
- **Student demonstrating they are totally self-sufficient financially**

NAME: _____ SCCC ID#: _____

INSTRUCTIONS:

To be considered for a dependency override, please complete the following.

1. **Submit your 2018-2019 FAFSA at www.fafsa.ed.gov.**
2. **Submit the following documents** (If you were granted an override for last year, submit only a & b below):
 - a) **1st Party Statement** (from student) explaining the situation within your family that prevents you from living at home- **Statement must be signed by the student.**
 - b) **2nd Party Statement** (from family, friend, etc.) explaining your family's situation to the best of their knowledge – **Statement must be signed by the family member or friend.**
 - c) **3rd Party Statement/Document** (from School Counselor, Social Worker, Physician, Police Record, Court Documentation, etc.) explaining your family's situation to the best of their knowledge or detailing the events that occurred to support the student's need to request an override – **Statement must be on agency/school stationery and signed by the person writing the statement.**

3. Answer the following questions:

- a) Were you claimed as a dependent by anyone on their 2016 Federal Income Tax Return
_____ YES _____ NO If yes, by whom? _____
- b) Were you claimed as a dependent by anyone on their 2017 Federal Income Tax Return?
_____ YES _____ NO If yes, by whom? _____

4. Please submit this completed form and all required statements/documents to:

**Sussex County Community College
Financial Aid Office
One College Hill Road
Newton, NJ 07860
Office: 973-300-2225
Fax: 973-300-2224**

PLEASE NOTE: Keep a copy of this appeal and all documents for your records. The evaluation of your appeal is reviewed by a Financial Aid Committee and may take up to one week. You will receive notice of our decision by mail.

Certification & Signature:

**I understand the information on this form will be used to determine my financial aid eligibility.
By completing & signing this form, I certify that all information reported is complete & accurate.**

SIGNATURE

DATE

Name (Please print clearly)