

Dependency Override Form

Student Demographics: Name: _____ Phone: _____
 DOB: ___/___/___ NSHE ID # _____

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? _____
 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 is supporting you, etc.)

Parent Information

Please list the FULL name and address of each of your parents

Mother:	Father:
_____	_____
_____	_____

If one or both of your parents are incarcerated or institutionalized, provide an official letter from the warden, sheriff, or other public official certifying your parent's incarceration/institutionalization.

Please attach to this form when you submit this to the Financial Assistance Office.

- On a separate sheet of paper, describe the last time you had contact with each of your parents. Please indicate when, where, and the nature of the contact.
- Provide statements from two people who are aware of your situation. At least one statement must be from a professional. (Examples include high school and professional counselors, social workers, teachers, police, and religious leaders.) *Copies of appropriate court documents are also acceptable.*

Indicate the names and relationship of the two people providing statements.

Name	Phone Number	Relationship to student
_____	_____	_____
_____	_____	_____

Student Certification

I certify that the information provided on this form is true and correct. I authorize the Western Nevada College, Financial Assistance office to contact those persons listed above for additional or clarifying information. **I fully understand that to falsify any information on this form in order to receive Federal Title IV funds is a federal offense and can be punishable by a \$20,000 fine, imprisonment, or both.** I understand that if my situation changes in any way, if I move back with my parents or receive any kind of support from them, that I must report this information to the Financial Assistance Office.

Student's Signature _____ Date _____

Financial Assistance Office <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comments: <div style="border: 1px dashed black; height: 100px;"></div>
_____ Director of Financial Assistance	_____ Date

DEPENDENCY OVERRIDE REQUEST

In extraordinary and documented cases, the Financial Assistance Office has the authority to use professional judgment 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 parent's information because of extenuating circumstances.

Regulations governing Student Financial Aid (SFA) programs follow the premise that the family is the first source of the student's support. Federal regulations allow financial aid administrators to do a dependency override on a case by case basis to accommodate certain unusual circumstances. The U.S. Department of Education's Application and Verification Manual lists four specific conditions that singly, or in combination, do not qualify as a special circumstance or merit a dependency override. They are:

- Parents refuse to contribute to the student's education
- Parents are unwilling to provide information on the application or verification
- Parents do not claim the student for income tax purposes
- Student demonstrates total self-sufficiency

Parent's unwillingness to provide information or inability to help support the student is not acceptable reasons for a Dependency Override. Students must submit a Dependency Override Request and third party reference letter to the Financial Assistance 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 family situation and can verify the information you have provided. Examples of such a person include, but are not limited to: employer, clergy, social worker, attorney, court official, teacher, counselor, psychiatrist, medical professional, law enforcement, etc.

INSTRUCTIONS FOR THIRD PARTY DOCUMENTATION

Third party documentation must be on a SEPARATE sheet of letterhead paper. Please include any information of which you have first hand 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 this 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 their parents.**
- 5. The steps that the student has taken to establish their independence from their 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 or verification is required.