



Dependency Override Application
2017-2018 Academic Year

Form fields for Last Name, First Name, MI, Social Security Number, Permanent Address, City, State, Zip

A student who cannot answer "Yes" to any of the FAFSA dependency status questions may request a dependency override if adverse family circumstances make it impossible or unsafe to provide parental information on his or her FAFSA. Examples of adverse family circumstances include parental abandonment of the student, an abusive family environment that threatens the student's health or safety, or an inability to locate your parents. The student must document that all financial and emotional contact with his or her parents has been severed as a result of these circumstances. Adverse family circumstances do NOT include financial hardship, parental unwillingness to contribute to college costs or provide information on the FAFSA, parents not claiming the student as a dependent for tax purposes, or the student demonstrating total self-sufficiency.

Before we can review your appeal, you must provide the following information:

- 1. A detailed narrative explaining your adverse family circumstance (see page 2);
2. A letter from a non-family professional (e.g., counselor, therapist, clergy member, social worker, doctor) on letterhead, or other official documentation (e.g., court documents, police reports), substantiating and documenting the existence of your adverse family circumstance;
3. A second letter from a person having comprehensive knowledge of the adverse circumstances;
4. Verification of your (the student's) 2014 income; and
5. Verification of your (the student's) current living arrangements (see page 3).

Section A – Initial or Renewal Application: Please check one

I am submitting a Dependency Override Application for the first time at Jarvis Christian College for the 2016-2017 academic year. I understand that if my application is approved, I will need to submit a statement verifying that the adverse family circumstances I have described still exist for each subsequent year in which I wish to receive financial aid.

I submitted a Dependency Override Appeal in a prior year at Jarvis Christian College, and it was approved. As required by federal regulations, I am completing Section B of this statement to verify that the adverse family circumstances previously documented still exist.

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Section B – Frequency of Contact with Parent(s):

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

Month/ Year

When was the last time you lived with your parent(s)?

Month/ Year

Have you received any financial support from your parents in the last 12 months? Financial support includes cash, housing, food, gifts, medical insurance, loans, college costs, etc.

Yes: _____ No: _____

If yes, please list type and amount:

Type of Support

2015 Amount

Please explain, in detail, the adverse family circumstances that you believe warrant an override of your dependency status. You may attach additional pages if necessary.

Section C - Verification of 2015 Income: Please check one.

_____ I have attached a copy of my 2015 federal income tax return (Form 1040, 1040A, or 1040EZ), along with copies of all my W-2 forms.

_____ I have not filed and will not file a 2015 federal income tax return. I have listed all of my income and earnings for 2015 below, and have attached copies of all my W-2 forms.

Source of Income	2015 Amount
_____	_____
_____	_____
_____	_____
_____	_____

Section D - Verification of Current Living Arrangements: Please check one.

_____ I have attached a copy of my current lease or rental agreement verifying that I no longer live in my parent's household.

_____ I do not have a lease or rental agreement for my current residence. However, I am providing a signed statement from my current landlord or roommate verifying my tenancy. *This statement must include your current address, the date you began living there, and the amount of rent you pay each month.* I am also including documentation of my monthly rent payment(s).

Section E – Student Certification:

CERTIFICATION STATEMENT: I certify that all information reported on this form is true, accurate, and complete to the best of my knowledge.

Student Signature _____
Date

Please do not write below this line

Section F – Financial Aid Office Use Only:

_____ Dependency Override Approved _____ Dependency Override Denied

Comments:

Financial Aid Administrator _____
Date