



Financial Aid Office

Contact Us:
P: (972)881-5760
Financialaid@collin.edu

REQUEST FOR DEPENDENCY OVERRIDE

Student Information

Name: _____ CWID: _____

Have you ever received a Dependency Override before? YES NO

If so, where and when? _____

If you believe you have unusual circumstances that may impact your federally calculated dependency status, you may request a review of your dependency status by submitting this form along with supporting documentation.

Please fill out the form completely and submit with the documentation requested on page 2 to the Financial Aid Office. Your Financial Aid Advisor will review your case, make a determination, and advise you as soon as possible.

Please note that per federal regulations, **NONE** of the conditions listed below, singly or in combination, qualify as unusual circumstances or merit a dependency override:

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

PLEASE NOTE: Dependency status must be re-certified every year and if you transfer from, or to, another school.

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Required Documentation:

A. A personal typed letter from YOU explaining your request for a dependency override (Use page 3). Describe your separation from your parents, providing as much detail as possible. The following information is **required**:

- Include the last contact you had with each parent and the frequency of contact with each parent over the past year.
- Explain why you cannot provide parental financial information on the FAFSA.
- Describe your living arrangements over the past several years, including with whom you resided and who has provided support to you.

B. Letters from two (2) individuals who can attest to your situation.

The letters should provide as much detail as possible describing your separation from your parents. Stating that you live on your own and support yourself is not grounds for a Dependency Override. We need information pertaining to your relationship/separation with your parents.

- Each letter must include the individual's name, title or position, address and signature.
- One letter must be from a professional individual and must be on letterhead. This person **cannot be related to you or living at the same address** – examples include, guidance counselors, social workers, teachers, doctors, family counselors, clergy, police, etc.
- The second letter can be from somebody who can verify your situation as described above. This person **cannot be related to you or living at the same address**. An example would be a friend's mother, etc.

These individuals cannot be related to each other **AND** must reside at separate addresses.

Student Certification:

I certify that all information submitted on and with this form is true and correct to the best of my knowledge. I agree to provide additional information or documentation if requested.

Student's Signature

Date

Please use the space below to describe your unusual circumstances. Be sure to include all the information described on the previous pages. If you need additional space, use an additional piece of paper. Once complete, upload to your Workday portal along with your supporting documentation.
