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2017-2018 Dependency Override Appeal Form

Student Name: _____ **ID:** _____

Dependent students are defined by the Department of Education as being under the age of 24 and are required to report parental information on the FAFSA when applying for Federal Student Aid Programs. Federal financial aid programs are based on the principle that you and your parent(s) have the primary responsibility for meeting the educational costs of college, so a parent's reluctance to provide income information on the FAFSA does not make a student independent. Further information about determining a student's dependency status can be found at www.studentaid.gov. Occasionally, due to unusual circumstances, students may be considered independent even though they are under the age of 24. If you can document why you should be considered Independent due to unusual circumstances, you may submit an appeal for a dependency override.

The Financial Aid Office will review the appeal once **all** supporting documentation has been submitted. Once you have prepared all of the documentation, as indicated below, you may want to present the information to a Financial Aid Counselor for review. Submitting related documentation will help support your appeal for dependency override. When the Counselor evaluates your request, they will examine the documents to determine if they adequately substantiate your claim and meet the federal guidelines for a dependency override. Upon review, the Financial Aid Counselor may request additional information or clarification and this request will be sent to your Owl's Nest email account only. If the appeal is denied, you may receive a request for your parent(s) taxes and other verification items prior to further processing of your financial aid award(s).

All decisions are final.

Check the category that applies to you and provide the required documentation. All requested documentation must be attached for consideration of your appeal.

CHECK ONLY ONE BOX:

Your custodial parent has died and the other biological parent is still living. You have neither had contact with nor received any financial support from the living parent for more than 2 years.

Required Documentation:

- A copy of the death certificate of the deceased custodial parent.
- Three letters, on official letterhead, from objective third parties (i.e., minister, social worker, counselor, teacher, doctor, other professional, or other third party deposition) explaining the situation in detail as well as length of time that they have known you and in what capacity.
- Submit copies of your IRS Tax Return Transcript for the 2015 tax year or documentation of how you were supported.
- A letter written by you, the student, explaining what makes you an Independent student, including the circumstances that led up to the situation and how you support yourself independently.
- Court documentation substantiating your claim, if available.

See the other side of this page

OR

Your family situation is unreasonable. The dysfunction may be the result of physical abuse, emotional abuse, or drug and/or alcohol abuse. In some cases, a professional may have counseled you to live apart from your parent(s).

Required Documentation:

- One or more of the following:
 - Police reports
 - Court reports
 - Documentation from a social service agency
- Three letters, on official letterhead, from objective third parties (i.e., minister, social worker, counselor, teacher, doctor, other professional, or other third party deposition) explaining the situation in detail as well as the length of time that they have known you and in what capacity.
- Submit copies of your IRS Tax Return Transcript for the 2015 tax year or documentation of how you were supported.
- A letter written by you, the student, explaining what makes you an Independent student, including the circumstances that led up to the situation and how you support yourself independently.
- Court documentation substantiating your claim, if available.

I declare that the information reported on this form, as well as the attached documentation is true, correct, and complete. I authorize this information to be used in conjunction with information provided on the FAFSA for the purpose of calculating eligibility for financial aid. I agree to provide, if requested, any additional supporting documentation necessary to verify the information reported. I understand that giving false or misleading information may result in denial or cancellation of financial aid.

NOTE: Computer generated signatures are not acceptable.

Student Signature: _____ **Date:** _____

No federal, state, or institutional financial aid will be awarded to you until the verification process is complete.

Union County College does not discriminate and prohibits discrimination, as required by state and/or federal law, in all programs and activities, including employment and access to its career and technical programs.

Union County College is accredited by The Middle States Commission on Higher Education.

<http://ucc.financialaidtv.com/>

Financial Aid Office – financialaid@ucc.edu

CRI: FC17DOAP: 17/18 Dependency Appeal