Financial Aid Office Dependency Override Request Form

Name:_________________________________ Student ID #______________________________

   Last         First

1. Circumstances within your family prevent you from obtaining parents’ financial information (please provide documentation).
   ___An abusive home situation (physical, psychological, sexual) which is detrimental to your physical or mental well-being
   ___Abandonment by both parents
   ___History of parental alcohol or drug abuse
   ___Incarceration of the custodial parent
   ___Death of a parent after filing the FAFSA, and the surviving parent meets one of the conditions listed above.

2. Please identify the reasons why you consider yourself to be independent:
   ___I do not live with my parents. Last date you lived with either of your parent(s) ________________.
   ___I live with a relative or friend who is not my legal guardian. I have been living with him/her since:
   ___I support myself entirely. I am employed at _____________________________.
   ___I earn $________ per hour. My rent is $_______ per month. List all other payments you make including type and amount: __________________________________________
   ___Other Please explain:__________________________________________________________________

3. You must provide documentation to support all of the above statements that you checked. Example: If you live with a relative, you must provide a statement from the relative explaining your living situation and if he/she supports you, etc.

4. The following reasons aren’t considered sufficient for independency:
   Parents refusing to contribute to the student’s education
   Parents unwilling to provide information on the FAFSA or for verification
   Parents not claiming the students as a dependent for income tax purposes

The information I provided is true and correct. I understand that any misleading or false information will be subject to COM’s Standards of Conduct.

_________________________________  ____________________________
Signature                                Date