

Dependency Override Request Form 2018-2019

Student's Name _____ Blinn ID: B00 _____

Federal student aid programs are based on the premise that you and your family bear the primary responsibility for financing your education. However, the federal government recognizes exceptions to this rule. Under certain conditions, Blinn College may be able to grant an otherwise dependent student, independent status. Students may request an override based on unusual or extenuating circumstances.

These are generally severe circumstances within your family that prevent you from obtaining your parent's financial information. **None** of the reasons listed below single or in combination qualifies as unusual circumstances meriting a dependency status override:

- You do not live in your parent's home
- You support yourself without assistance from your parents
- Your parents do not claim you on their federal taxes
- Your parents cannot afford, or refuse to help with college or living expenses
- Your parents are not willing to provide their financial information
- Your parents live in another country

If you feel your situation warrants an override, please carefully read all instructions, complete all sections of the Dependency Override form, and provide the required documentation. **Priority deadline is June 15th if your Dependency Override is received after June 15th allow at least 1 months for review.**

Instructions

Complete and sign a 2018-2019 FAFSA at www.fafsa.ed.gov.

Complete a 2018-2019 Verification Form (included in this packet)

Provide 2016 Tax information: Use the IRS Data retrieval tool that is available on FAFSA on the web, or submit a 2016 Tax Return Transcript. If you did not file a tax return, you must submit all 2016 W-2s and 1099s.

Write a personal letter of appeal explaining the reason for your request for a dependency override. The letter should provide as much detail as possible, describing your separation from your parents. You are required to include the following documentation:

- The whereabouts of your biological parents and their current living arrangements. Include the last contact you had with your biological parents and the frequency of contact with them over the past year(s).
- Why you cannot provide parental information on the 2018-2019 Free Application for Federal Student Aid (FAFSA). Please include any supporting documents.
- Your living arrangements over the past year(s); with whom you have lived with and who has provided financial support for you.

Provide letters from two individuals who can attest to your situation. Their letters should be one to two pages in length and provide as much detail as possible describing your separation from your parents.

- The first letter should be from a **professional individual** not related to you – counselor, social worker, teacher, clergy, police, etc. Please submit on organizations letterhead.
- The second letter should be from either a **professional or non-professional individual** who is very familiar with your situation.
- Each letter must include the individual's name, title or position, address, phone number and **must be signed**.
- The individuals cannot be related to each other and must reside at separate addresses.

Prior Year Dependency Status in 2018-2019

Please check one of the conditions below and complete the requirements for your selection.

Conditions	Actions
<input type="checkbox"/> This is my first request for a dependency override	You must complete all remaining sections of this form.
<input type="checkbox"/> I was not approved for independent status by Blinn College for the 2017-2018	You must complete all remaining sections of this form.
<input type="checkbox"/> I was approved for independent by Blinn College for 2017-2018 academic year and there have been no changes in my status.	You must complete this form, but are not required to submit a letter of explanation or third party letters.
<input type="checkbox"/> I was approved for independent status by Blinn College for the 2017-2018 academic year but there have been changes in my status.	You must complete all parts of this form.

Parental Support

Where did you live?	
<input type="checkbox"/> With Parents <input type="checkbox"/> On campus <input type="checkbox"/> Off campus <input type="checkbox"/> other	
Do your parents provide health insurance?	Do your parent's provide auto insurance or cell phone payment?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you, or will you, receive financial aid in the 2017-2018 academic year (fall 2016-summer 2017)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what institution(s) did you attend in the 2017-2018 academic year?	

Please provide the following information (you may be asked to provide documentation) about your expenses PER MONTH in 2017 and 2018. If any amounts are zero, explain the reason.

Expenses	2017 Amount	Support Provided By:	2018 Amount	Support Provided by:
Housing (rent/mortgage)				
Child Care				
Food				
Utilities				
Credit Card(s)				
Medical/Dental				
Clothing				
Auto (car payments, insurance, and maintenance)				
Other Personal Expenses (cable, internet, phone)				
Total MONTHLY Expenses				
Total YEARLY Expenses				

The decision of the Financial Aid Office at Blinn College is final and cannot be appealed to the U.S. Department of Education. **A Dependency Override Form must be submitted each year an override is requested.**

I hereby certify that all information contained in this form, including the personal statement and documentation, is true and complete to the best of my knowledge.

I understand that it is my responsibility to pay all outstanding balances on my account while waiting for an override decision. Regardless of the decision, I am responsible for any late fees incurred

Student Signature: _____ Date: _____

WARNING:
If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Independent Verification Form 2018-2019

What is Verification?

The U.S. Department of Education (ED) randomly selects students at each institution for schools to verify information on their FAFSA. Your FAFSA has been selected for a process called **Verification**.

Student's Name: _____ **Blinn ID:** _____

Your financial aid file will not be considered complete until all required documentation has been submitted and processed. The last day verification documents can be received for the Fall semester is November 14, 2018 and for the Spring semester is April 14, 2019. Verification must be completed, you must be awarded, and your loans must be accepted prior to the end of the applicable semester.

Section 1: Complete this section.

Student

Select Only One	Scenario	Required Documentation
	I <u>did not</u> work or earn income in 2016, and I <u>did not</u> file a 2016 federal tax return.	Provide an IRS Verification of Non-Filing Letter for the 2016 tax year.
	I <u>did</u> work or earn income in 2016, but <u>was not required</u> to file a 2016 federal tax return.	Provide all 2016 w2-s and 1099s and an IRS Verification of Non-Filing Letter for tax year 2016.
	I worked and earned income in 2016 and I filed a 2016 federal tax return.	I have used the IRS Data Retrieval Tool to transfer my 2016 tax information to the FAFSA, and it has not been changed, OR I am providing an IRS tax return transcript.

Section 2: Complete this section if applicable.

Spouse

Select Only One	Scenario	Required Documentation
	My spouse <u>did not</u> work or earn income in 2016, and were <u>not required</u> to file a 2016 federal tax return	Provide an IRS Verification of Non-Filing Letter for the 2016 tax year.
	My spouse <u>did work</u> or earn income in 2016, but was <u>not required</u> to file a 2016 federal tax return	Provide all 2016 w2-s and 1099s and an IRS Verification of Non-Filing Letter for tax year 2016.
	My spouse worked and earned income in 2016, and filed a 2016 federal tax return.	My spouse used the IRS Data Retrieval Tool to transfer his/her 2016 Tax information to the FAFSA, and it has not been changed, OR I am providing an IRS tax return transcript.

Section 3: Student’s family information is required to be completed.

Be sure to include:

- Yourself
- Your spouse if married
- Your children or other dependents if they live with you and you will provide more than half their support between July 1, 2018 and June 30, 2019.

Name of Family Member	Age	Relationship to Student	Name of College 2018-2019
		Self	Blinn College

****Attach an additional sheet with name, age, and relationship if there is more than 6 members in your household****

Section 4: Asset Information is required to be completed

Please provide both yours and your spouse’s asset information as of the day you submitted your 2017-2018 FAFSA. **Unanswered questions will result in an incomplete form.**

ASSET TYPE	STUDENT (DOLLAR VALUE)	Spouse (DOLLAR VALUE)
Cash, Savings, and Checking accounts —At the time the 1819 FAFSA was filed, what was the total current balance?	\$	\$
An investment —At the time the 1819 FAFSA was filed, what was the net worth of the investments? Include real estate (exclude home in which you currently reside), trust funds, money market funds, mutual funds, certificates of deposit, stocks, stock options, bonds, other securities, education IRA’s, college savings plans for all students, installment and land sale contracts including mortgages held, commodities, etc.	\$	\$
Business and/or Investment Farms —At the time the 1819 FAFSA was filed what was the net worth? Please do not include a family farm or family business with 100 or fewer full-time equivalent employees.	\$	\$

Section 5: Other untaxed income is required to be completed. Unanswered questions will result in an incomplete form.

Please enter zeroes if any of the following do not apply to you: Leaving any of these fields blank will result in an incomplete form	Student	Spouse
Taxable earnings from need-based student employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships. Include only the amount reported in your adjusted gross income for 2016.	\$	\$
Combat pay or special combat pay. Only the amount that was taxable and included in your adjusted gross income for 2016.	\$	\$
Earnings from work under a cooperative education program offered by a college.	\$	\$
Housing, food, and other living allowances paid to members of the military, clergy, and others. Include if it is BAS. DO NOT include payments received for BAH.	\$	\$
Veteran's non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation, and/or VA Educational Work-Study Allowances in your AGI for 2016.	\$	\$
Other untaxed income not reported, such as workers' compensation or disability.	\$	\$
Money received or any money paid on your behalf by someone else (e.g., cell phone bill, insurance, rent, etc. that is not paid by custodial parent) not reported elsewhere on this form. Source(s): _____ Do not include support by custodial parents.	\$	

Section 6: Student's signatures are required to complete the form.

Student Signature **Date**

WARNING:
 If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.