

Dependency Override Request Form 2019-2020

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 2019-2020 FAFSA at www.fafsa.ed.gov.

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 2019-2020 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 a 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 2019-2020

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 2018-2019	You must complete all remaining sections of this form.
<input type="checkbox"/> I was approved for independent by Blinn College for 2018-2019 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 2018-2019 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do your parent's provide auto insurance or cell phone payment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Did you, or will you, receive financial aid in the 2018-2019 academic year (fall 2018-summer 2019) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what institution(s) did you attend in the 2018-2019 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	2018 Amount	Support Provided By:	2019 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.