

## Evergreen Valley College – Financial Aid Office

3095 Yerba Buena Road San Jose, California 95135 evcfa@evc.edu

### 2018-2019 DEPENDENCY OVERRIDE REQUEST

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Name:

Student ID:

Email:

Phone:

The Financial Aid Office is required by Federal Law (Public Law 102-325, Sec 480(d)) to consider parent information and expect a parent contribution for students unless they meet one of the following conditions:

1. You were born **before** January 1, 1995.
2. You are married as of today.
3. You are working on a degree beyond a bachelor's degree in the school year 2018-2019.
4. You are currently serving active duty or are a veteran of the U.S. Armed Forces.
5. You have children or other dependents other than a spouse who receive more than half of their support from you.
6. At any time since you were 13, your parents were deceased, you were in foster care or you were a dependent or ward of the court.
7. You are or were an emancipated minor as determined by a court in your state of legal residence.
8. You are or were in legal guardianship as determined by a court in your state of legal residence.
9. At any time on or after July 1, 2017, your high school, school district homeless liaison or a director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless.
10. At any time on or after July 1, 2017, the director of a runaway or homeless youth basic center or transitional living program determined that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless.

We may be able to override your dependency status if unusual circumstances exist that make it impossible for you to have contact with your parents. Examples of unusual circumstances are: you suffered verifiable/documented parental abuse and contact with your parents would put you in danger emotionally or physically, your parent is mentally handicapped or your parents live out of the country and you are unable to maintain reasonable contact with them. If your family situation involves an unusual circumstance such as those described above, you may request a review of your dependency status.

***The following are NOT circumstances which may be considered to change your dependency status:***

1. Your parents refuse to contribute to the education;
2. Your parents are able but unwilling to provide information on the FAFSA or for verification;
3. Your parents do not claim the you as a dependent for income tax purposes;
4. You demonstrate total self-sufficiency.

#### **DIRECTIONS**

After reading the information above carefully, if you feel you can substantiate an unusual circumstance, submit the attached forms and any supporting documentation to the financial aid office. You must also submit a completed 2017-2018 FAFSA (if you have not already completed one). You will be notified either by phone or mail if the override was granted.

***Incomplete forms will result in your request being denied.***

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#### Financial Aid Office Use Only

Dependency Override

Approved

Denied

Basis for decision:

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FAO Signature

Date

**Evergreen Valley College – Financial Aid Office**

3095 Yerba Buena Road San Jose, California 95135 (408) 270-6460

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**FOR FASTER PROCESSING, PLEASE TYPE THIS PAGE OF FORM**

Name:

Student ID:

1. Please explain why you feel the Financial Aid Office should make an override to your dependency status. Include why your parents are unable to provide support or information and how you have supported yourself since becoming independent of your parents. (If you need additional space, please attach a separate piece of paper.)

2. Where are your parents currently residing?

Mother's Address:

Father's Address:

3. When is the last time you received support from and/or lived with your:

Mother

Father

**I CERTIFY THAT THE ABOVE INFORMATION CONTAINED IN STATEMENTS IS TRUE AND CORRECT.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

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Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

**To be completed by student's relative or close family friend.**

Please print clearly in blue or black ink.

The student named above has applied for financial aid at Evergreen Valley College and has indicated to our office that she/he is unable to provide parent information due to unusual family circumstances.

1. Please provide a brief statement regarding your knowledge of the student's family history and/or relationship with parents:

2. Why do you believe that the student is unable to provide parent information for financial aid purposes?

3. To your knowledge, when is the last time the student received support from and/or lived with their:

Mother \_\_\_\_\_

Father \_\_\_\_\_

4. How long have you known the student? \_\_\_\_\_

5. What is your relationship to the student? \_\_\_\_\_

Your Name: (Please Print) \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

