



## 2016-2017 DEPENDENCY OVERRIDE CONTINUATION FOR RETURNING STUDENTS

In order for the Financial Aid Office to continue considering you an independent student for financial aid purposes, you must complete this form and provide the following documentation:

1. **A personal letter (typed or legibly written) requesting continuation of independent status, updating your family circumstances and educational plans since you submitted your Dependency Override Appeal.** Please include the following information in your letter:
  - The current residence of your biological father. Include any contact you had with your biological father and the frequency of contact with him over the past year.
  - The current residence of your biological mother. Include any contact you had with your biological mother and the frequency of contact with her over the past year.
  - The reason you cannot provide parental financial information on the 2016-2017 Free Application for Federal Student Aid (FAFSA). If the reason has not changed since your initial appeal, you do not need to give the same details again. Just briefly state that reason and that it has not changed.
  - Your living arrangement(s) over the past year. With whom did you reside, where, and for what dates? Who provided financial support to you during the past year?
  - Your name, FCC ID number, and signature.
  
2. **A completed and signed 2016-2017 Free Application for Federal Student Aid (FAFSA).**
  - Submit your 2016-2017 FAFSA online at [www.fafsa.gov](http://www.fafsa.gov). You may leave the parent section blank.
  - You will need to provide 2015 federal income tax information either by completing the IRS Data Retrieval Tool (instructions presented at [www.fafsa.gov](http://www.fafsa.gov)) or by submitting a 2015 IRS Tax Return Transcript with this form. If you were not required to file a 2015 Federal Income Tax Return, you need to submit a verification of non-filing and your 2015 wage & income transcript (see IRS.GOV) with this form.
  
3. **A completed and signed 2016-2017 Independent Verification Worksheet (if not enclosed, obtain from our Office or print from [http://www.frederick.edu/cost-financial-aid/financial-aid/financial-aid-forms-\(1\).aspx](http://www.frederick.edu/cost-financial-aid/financial-aid/financial-aid-forms-(1).aspx)).**

Student's Last Name	Student's First Name	Student's SSN	Student's FCC ID#

Street Address, City, State & Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Who owns the property where you live? \_\_\_\_\_

What is their relationship to you? \_\_\_\_\_

Who claimed you on their 2015 Federal Income Tax Return? \_\_\_\_\_

If someone other than yourself or biological/adoptive parent, what is their relationship to you?

\_\_\_\_\_

Did you receive payments from welfare programs, social security, or disability in 2015? \_\_\_\_\_

If yes, benefit type(s), total amounts and number of months received: \_\_\_\_\_

\_\_\_\_\_

<b>STUDENT'S MONTHLY EXPENSES</b>	<b>2015 Monthly Expenses</b>	<b>Expense paid by (name of person &amp; relationship to you)</b>
1. Housing (rent, mortgage) & insurance/taxes	\$	
2. Utilities (electric, gas, oil, water, landline phone)	\$	
3. Cable/Internet	\$	
4. Food/Personal Care Items	\$	
5. Automobile/motorcycle payment	\$	
6. Health and Car Insurance	\$	
7. Credit Cards and Loan Debt	\$	
8. Cell Phone	\$	
9. Child Care (for your children, if applicable)	\$	
10. Clothing	\$	
11. Other miscellaneous expenses	\$	
<b>TOTAL MONTHLY EXPENSES/SUPPORT</b>	<b>\$</b>	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
If any expenses were for less than 12 months or not in your name, explain in your attached letter.		

**Certification Statement:**

I understand that (1) if I purposely give false or misleading information on this form or in my supporting documentation, I will be committing a federal crime and could be fined up to \$20,000, sent to prison, or both, (2) if my situation changes and I regain contact with my parent(s) or begin receiving financial support from them, I must immediately report this information to the FCC Financial Aid Office, and (3) that by signing this form, I am authorizing the FCC Financial Aid Office to verify my third party information.

Student's Signature: \_\_\_\_\_ **FCC ID#:** \_\_\_\_\_ Date: \_\_\_\_\_

**Additional documentation that must be included with this appeal** (if you cannot provide documentation, explain why in your letter):

- Copies of your last three paychecks from all jobs to show your current income
- Copy of your current mortgage/lease agreement or a statement from your landlord stating how long you have lived at the residence and how much you pay per month
- Copy of your car title or registration card
- Copy of your most recent car insurance bill
- Copy of your most recent health insurance bill

<b>OFFICE USE ONLY</b>
Comments: _____ _____ _____

