



OFFICE OF FINANCIAL AID

7932 OPOSSUMTOWN PIKE • FREDERICK, MD • 21702 • (301) 846-2620 • FAX (301) 624-2886

**2018-2019 DEPENDENCY OVERRIDE CONTINUATION  
FOR RETURNING STUDENTS**

In order for the Financial Aid Office to continue considering you as 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 Parent 1. Include any contact you had with your biological Parent 1 and the frequency of contact with them over the past year.
- The current residence of your biological Parent 2. Include any contact you had with your biological Parent 2 and the frequency of contact with them over the past year.
- The reason you cannot provide parental financial information on the 2018-2019 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.
- Provide 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 2018-2019 FAFSA**

- Submit your 2018-2019 FAFSA online at [www.fafsa.gov](http://www.fafsa.gov). You may leave the parent section blank.
- You will need to provide 2016 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 2016 IRS Tax Return Transcript with this form. If you were not required to file a 2016 Federal Income Tax Return, you need to submit an IRS verification of non-filing and your 2016 W-2's or 2016 Wage & Income Transcript (see [www.irs.gov](http://www.irs.gov)) with this form.

3. **A completed and signed 2018-2019 Independent Verification Worksheet (if not enclosed, obtain from the Financial Aid Office or print from <http://www.frederick.edu>, search financial aid forms).**

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

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

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

Who claimed you on their 2016 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 2016? \_\_\_\_\_

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

STUDENT'S MONTHLY EXPENSES	2017 Monthly Expenses	Expense paid by (name of person & relationship to you)
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>	
* If any expenses were for less than 12 months or not in your name, explain in your attached letter.		

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

- Copies of your last three paystubs 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

**Please note that Frederick Community College cannot make students independent if their parents refuse to complete the FAFSA.** Students also do not meet the federal requirements to be considered independent simply because the parent does not provide financial support. Students who do not have grounds for a dependency override may be limited to unsubsidized loans if their parent(s) refuse to complete the FAFSA and do not provide any financial support to the student. **If you are unable to provide all documentation required for a dependency override, complete the box below:**

<p>Did your parent(s) refuse to complete the FAFSA?      <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If you answered yes above, will your parent sign the statement below?    <input type="checkbox"/> Yes    <input type="checkbox"/> **No</p> <p><b>I refuse to complete the income information on my child's Free Application for Federal Student Aid (FAFSA), and I do not and will not provide housing, food, insurance, or any other form of financial support for my child. I understand that by refusing to supply this information, I am limiting my child's eligibility for Federal Student Aid to student unsubsidized student loans. My child will be ineligible for all free grant assistance (e.g. Federal Pell Grants, SEOG: Supplemental Education Opportunity Grants, State Grants, etc.).</b></p> <p><b>Provide the month and year support ended:</b> _____</p> <p>Parent's Signature _____ Date _____</p> <p><small>**If your parent refuses to sign the statement above, provide a statement on letterhead from a 3<sup>rd</sup> party professional person (counselor, minister, social worker, physician) familiar with the situation. This statement must include the month and year when support ended.</small></p>
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**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:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Frederick Community College prohibits discrimination against any person on the basis of age, ancestry, citizenship status, color, creed, ethnicity, gender identity and expression, genetic information, marital status, mental or physical disability, national origin, race, religious affiliation, sex, sexual orientation, or veteran status in its activities, admissions, educational programs, and employment.