

2022-2023 DEPENDENCY OVERRIDE REQUEST

Madera CCC: (559) 675-4800

Oakhurst CCC: (559) 683-3940

Fax: (800) 643-0518

Email: financialaid@maderacollege.edu

INSTRUCTIONS:

- 1) If you have not submitted a FAFSA for this year, apply at www.fafsa.gov
- 2) Attach a typewritten explanation regarding your relationship with your parents, why you no longer live with your parents, why you no longer have contact, and why they do not financially support you.
- 3) Attach your Third Party Documentation letter (instructions at end of form)
- 4) Attach any legal documents or any other paperwork regarding your situation.

STUDENT'S	NAME: STUDENT ID:				
DEMOGRAPHICS	ADDRESS:				
	PHONE:E-MAIL:				
STUDENT'S	With whom do you currently live?				
PRESENT LIVING ARRANGEMENTS	How long have you lived with this person/family?yearsmont	:hs			
	How much do you pay in rent and utilities per month? \$				
	Can you provide parental information for the FAFSA?				
FATHER'S INFORMATION	Father's name:				
	Address:				
	When did you last live with your Father?				
	When was the last time you had contact with your Father?				
	When did your Father last provide financial support for you?				
	How often do you have contact with your Father?				
MOTHER'S INFORMATION	Mother's name:				
	Address:				
	When did you last live with your Mother?				
	When was the last time you had contact with your Mother?				
	When did your Mother last provide financial support for you? (month/year)				
	How often do you have contact with your Mother?	_			
STUDENT CERTIFICATION	I certify that the information provided is true and correct. I understand that any false statements of misrepresentations will be cause for denial, reduction, cancellation, or repayment of financial aid.				
STUDENT SIGNATURE	DATE				

STUDENT INCOME INFORMATION

Check the box that applies:						
☐ I filed taxes and have used the IRS Data Retrieval Tool to retrieve and transfer my 2020 IRS income information into the FAFSA.						
 I filed taxes and am unable to use the IRS Data Retrieval Tool on my FAFSA. Attached is a copy of my 2020 IRS tax return transcript. ■ To obtain an IRS tax return transcript, call 1-800-908-9946; photocopied tax returns are no longer accepted. 						
You will need your Social Secu	rity Number and the ac	idress on file wit	n the IRS to re	equest a transcript.		
I did not file taxes in 2020.						
⇒ Attach all 2020 IRS W-2 forms	issued to me by my em	ployer(s).				
I was not employed and had no income of the second of the	come earned below. L	ist every employ				
page.) Employer's Name		2020 Amount Earned		IRS W-2 Attached?		
	_					
Check this box if you received bene			20			
Assistance Program (SNAP), formerly known 2021.	•					
Check this box and complete this se	•			unt of child support paid		
Name of person who child support was paid to:	Name of child who supp	oort was paid for.	TOTAL AITIO	in 2020		
			\$			
			\$			
			\$			
	SUPPORT CER	TIFICATION				
Complete this section if your income report expenses: low income housing, SNAP, cash a			oox below, expl	ain how you met your monthly		



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ADDITIONAL INCOME AND ASSET INFORMATION FOR STUDENT

DO NOT LEAVE THIS SECTION BLANK: Enter yearly amount for 2020 or \$0 if none.				
Child Support RECEIVED - DO NOT include foster care payments	\$			
Payments to tax-deferred pension and savings plan (paid directly or withheld from earnings) including amounts reported on the W-2 in box 12a through 12d codes D, E, F, G, H, and S	\$			
Housing, food, or other allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits)	\$			
Veteran's non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work Study allowances	\$			
Non-Federal Disability Benefits, Untaxed Pensions or Workers Compensation (Do not include any type of Social Security Benefits)	\$			
Unemployment benefits that were not reported on your tax return	\$			
Any money given to you by someone else (for bills, rent, utilities, etc.)	\$			
At the time of filing your FAFSA, what was the total balance of your cash, savings and checking accounts?	\$			
At the time of filing your FAFSA, what was the net worth of your investments, including real estate*?				
Current value minus debts related to the investments = NET WORTH.	\$			
*DO NOT INCLUDE THE VALUE OF THE HOME YOU LIVE IN.				
At the time of filing your FAFSA, what was the net worth of your farm, including market value				
of land, buildings, machinery, equipment, inventory, etc.?	\$			
Current value minus debt for which the farm was used as collateral = NET WORTH.	,			
☐ Check here if your family lives on <i>and</i> operates the farm				
At the time of filing your FAFSA, what was the net worth of your business, including market				
value of land, buildings, machinery, equipment, inventory, etc.?				
Current value minus debt for which the business was used as collateral = NET WORTH.	\$			
☐ Check here if your business is owned & controlled by your family and has fewer than 100 employees				

REQUIRED SIGNATURES

By signing below, I certify the information reported on this worksheet is complete and accurate. If asked by the college, I agree to provide proof of any information reported on this form or on my FAFSA. I realize that any false statement or failure to give proof when asked may be cause for the denial, reduction, withdrawal, and/or repayment of my financial aid. I also understand if I purposely give false or misleading information I may be fined up to \$20,000, sentenced to jail, or both.

Student Signature:	Date:	
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FD22CDOV Revised 11/04/19

Instructions for Third Party Documentation

In extraordinary and documented cases, the Financial Aid Office has authority to use professional judgment to override a student's dependency status in order to make a student independent for financial aid purposes.

Parents' unwillingness to provide the information or inability to help support the student are not acceptable reasons for a dependency override; a student must be unable to obtain his/her parents' information because of extenuating circumstances. The information stated in the Dependency Override Request must be verified by a third party who is aware of the student's home situation and can verify the information provided on the Dependency Override Request. Examples of such a person include, but are not limited to: employer, clergy, social worker, attorney, court official, teacher, counselor, psychiatrist, psychologist, medical professional, law enforcement agent, etc.

INSTRUCTIONS FOR THIRD PARTY REFERENCE:

Third party documentation must be on a SEPARATE sheet of letterhead paper. Please include any information for which you have first hand knowledge and that you feel best describes the student's situation. The following is a list of information that MUST be included in your letter:

- How long have you known the student,
- Your relationship to the student,
- When was the last time the student lived with and/or received financial support from his/her parents,
- Any knowledge of his/her relationship with their parents, and
- The steps that the student has taken to establish their independence from his/her parents.

Please make sure to include your professional title, name and type of business, business address, telephone number, and where to contact you should any additional information be required.

DEPENDENCY OVERRIDE REQUEST FORMS WILL NOT BE ACCEPTED WITHOUT THE THIRD-PARTY DOCUMENTATION LETTER