



2023-2024 DEPENDENCY OVERRIDE REQUEST

Phone: (559) 494-0312 Fax: (800) 643-0932 Address: 995 N. Reed Ave. Email: reedley.financialaid@reedleycollege.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 DEMOGRAPHICS	NAME: _____ STUDENT ID: _____ ADDRESS: _____ PHONE: _____ E-MAIL: _____
STUDENT'S PRESENT LIVING ARRANGEMENTS	With whom do you currently live? _____ How long have you lived with this person/family? _____ years _____ months 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? _____ <small>(month/year)</small> When was the last time you had contact with your Father? _____ <small>(month/year)</small> When did your Father last provide financial support for you? _____ <small>(month/year)</small> How often do you have contact with your Father? _____
MOTHER'S INFORMATION	Mother's name: _____ Address: _____ When did you last live with your Mother? _____ <small>(month/year)</small> When was the last time you had contact with your Mother? _____ <small>(month/year)</small> When did your Mother last provide financial support for you? _____ <small>(month/year)</small> 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 2021 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 2021 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 Security Number and the address on file with the IRS to request a transcript.
- I did not file taxes in 2021.
- Attach all 2021 IRS W-2 forms issued to me by my employer(s).
- I was not employed and had no income from work in 2021.

If you earned wages in 2021, list all income earned below. List every employer even if they did not issue an IRS W-2 form. (If more space is needed, attach a separate page with your name and school ID number at the top of the page.)

Employer's Name	2021 Amount Earned	IRS W-2 Attached?

- Check this box if you received benefits from the Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps, any time during 2021 or 2022.
- Check this box and complete this section if you paid child support during 2021:

Name of person who child support was paid to:	Name of child who support was paid for:	Total amount of child support paid in 2021:
		\$
		\$
		\$
		\$

SUPPORT CERTIFICATION

Complete this section if your income reported on this form is less than \$5,000. In the box below, explain how you met your monthly expenses: low income housing, SNAP, cash aid, social security benefits, etc.



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ADDITIONAL INCOME AND ASSET INFORMATION FOR STUDENT

DO NOT LEAVE THIS SECTION BLANK: Enter yearly amount for 2021 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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: _____

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***