



**Fresno City College
Financial Aid Office**
1101 E University Ave
Fresno, CA 93741
Phone: (559) 442-8245
Fax: (559) 499-6024

2020-2021

DEPENDENCY OVERRIDE REQUEST

Student ID Number _____

Student Last Name _____

Student First Name _____

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

However, a student is **not** considered independent based solely on the following:

- student is self-sufficient
- parents refuse to provide information or assist with educational expenses
- parents did not claim student on tax return

After you have completed the form entirely, typed your statement, and obtained your third-party documentation, call the Financial Aid Office at (559) 442-8245 to make an appointment for a Dependency Override.

1. Are you currently in contact with your mother? Yes No

If "No," when was your last contact with your mother? ____ / ____
month / year

2. Are you currently in contact with your father? Yes No

If "No," when was your last contact with your father? ____ / ____
month / year

3. When did your parents last provide any form of support? mother: ____ / ____ father: ____ / ____
month / year month / year

4. Have you received any form of support from any other person (with whom you may have lived)? Yes No

If "Yes," what is his/her name: _____ and relationship to you: _____ .

INSTRUCTIONS: Attach documents listed below:

- A typed statement detailing how you support yourself and explaining why you have no parent contact or why parent information cannot be provided.
- One (1) Letter of Support from a third-party professional, such as a teacher, social worker, counselor, doctor, law enforcement official, or clergy. The letter of support must be signed, dated, and on official letterhead. It must include the name, title, address, and telephone number of the person providing the statement, their relationship to you, and how long the agency or person has been aware of your situation.

STUDENT CERTIFICATION:

I certify that the information provided is true and correct. I understand that any false statements or misrepresentations will be cause for denial, reduction, cancellation, or repayment of financial aid.

Student Signature: _____

Date: _____

F O R O F F I C E U S E O N L Y

Decision based on the following unusual circumstances: _____

Using PJ, this student is independent _____

Denied _____

Postponed/Date _____

FAO: _____

Date: _____