



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

**2022-2023**

**DEPENDENCY OVERRIDE FORM**

**INSTRUCTIONS:**

- 1) If you have not submitted a FAFSA for this year, apply at [www.fafsa.gov](http://www.fafsa.gov)
- 2) Attach a typed written 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.
- 5) After you have completed steps 1 through 4 call the Financial Aid office at (559) 442-8245 to make an appointment for a Dependency Override.

<b>STUDENT'S DEMOGRAPHICS</b>	NAME: _____ STUDENT ID: _____  ADDRESS: _____  PHONE: _____ E-MAIL: _____
<b>STUDENT'S PRESENT LIVING ARRANGEMENTS</b>	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? _____
<b>FATHER'S INFORMATION</b>	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? _____
<b>MOTHER'S INFORMATION</b>	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? _____
<b>STUDENT CERTIFICATION</b>	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.
<b>STUDENT SIGNATURE</b>	_____ 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 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

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 documentation:

Third party documentation must be on official letterhead. Please include any information for which you have firsthand 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
- How long have you been aware of the student's situation
- When the student last lived with and/or received financial support from his/her parents
- Any knowledge of his/her relationship with their parents
- 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 your contact information.

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

#### FOR OFFICE USE ONLY

Decision based on the following unusual circumstances:

- Using PJ, this student is independent
- Denied
- Postponed/Date

---

---

---

FAO: \_

DATE: \_