



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

2018-2019

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: _____

FOR OFFICE USE ONLY

Decision based on the following unusual circumstances: _____

____ Using PJ, this student is independent

____ Denied

____ Postponed/Date

FAO: _____ Date: _____