

Southwestern

Community College

DEPENDENCY OVERRIDE REQUEST

Federal law assumes that parents/guardians have the primary responsibility for meeting the educational costs of students. Therefore, a student must meet certain federal criteria to qualify for financial aid as an independent student.

Recent federal guidelines indicate four (4) conditions that DO NOT qualify as “**UNUSUAL CIRCUMSTANCES**” and therefore cannot be used as reasons to make a student independent.

- Parents refusing to contribute to the student’s education
- Parents’ unwillingness to provide information on the application or for verification
- Parents not claiming the student as a dependent for income tax purposes
- Student demonstrating total self-sufficiency

If there are extraordinary circumstances that may warrant re-evaluation of your dependency status, you must provide the information requested on this form. Once you have completed and returned all necessary paperwork, the Financial Aid Director will make the determination depending on your specific individual situation.

RETURN THE ATTACHED AND DOCUMENTATION TO:

Southwestern Community College

Financial Aid Office

1501 W Townline Street

Creston, IA 50801

www.swcciowa.edu

(641) 782-7081

(800) 247-4023

DEPENDENCY OVERRIDE REQUEST

Name: _____ SS# _____

Mailing

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ E-Mail: _____

Yes No Have you received financial aid as a dependent student?

Yes No Have you already filed your FAFSA?

Please check off and attach requested documentation to this form:

- Tell the financial aid staff, in writing, any **UNUSUAL CIRCUMSTANCES** that prohibit you from filing for financial aid using your parents' income. You need to address your relationship with both parents. Include in your written explanation of your situation information addressing the following questions:
 - Where have you been residing for the past two years?
 - How have you been supporting yourself for the past two years?
 - How do you plan to support yourself while you attend college?

- Provide statements from professional people (i.e. social workers, guidance counselors, etc.) that know your situation and support your explanation of your situation; the letters must be on letterhead from the institution/business they represent. Please do not include letters from family members.

- Attach rent receipts, canceled checks, or a copy of the lease document where you have resided for the last two years. (If applicable)

- Provide verification of earnings/resources for each of the previous two years.
 - Attach a signed copy of your last two years federal tax returns
 - Attach statements from untaxed income sources, if applicable (i.e., SSI, workman's compensation, FIP, etc.)

- Attach court/legal documents that will help document your situation.

Certification

I certify that all the attached information is true and complete. I agree to provide additional proof of independence if requested.

Signature: _____ Date: _____

Each student will be evaluated on an individual basis. The decision to override the dependency criteria due to unusual circumstances is at the discretion of the Financial Aid Director. **If your documentation is incomplete, your status may be denied.**

OFFICE USE ONLY

Dependency Override Denied
 Approved _____

Financial Aid Director Signature: _____ Date: _____