



ATTN: FTP	CCBC: Dundalk Campus Financial Aid Office 7200 Sollers Point Road Baltimore, MD 21222	https://tinyurl.com/yrf5h54d
		FAX: 410-840-2824
DO NOT CALL TO CONFIRM RECEIPT! Allow 24-48 business hours for login, then view status of all forms online via SIMON account (https://simon.ccbcmd.edu)		

FOR OFFICE USE ONLY	
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C	D E OM

Financial Aid Office
DEPOV2

2024 – 2025: Dependency Override Request

Name: _____ CCBC ID: _____

INSTRUCTIONS: The Financial Aid Office can use professional judgment in determining a student's dependency status if unusual circumstances exist which prevent you from adding parental information to your FAFSA. If CCBC has approved your dependency override in a prior year, complete only **Section I** for review. If CCBC has not previously approved your status, proceed to Part II and complete Sections A, B, C, D, and E.



The following are **NOT** considered extenuating or unusual circumstances by the U.S. Department of Education:

- Parents refuse to contribute to the student's education.
- Parents do not claim the student as a dependent for income tax purposes.
- Parents will not provide information for the FAFSA or verification.
- Student demonstrates total self-sufficiency.

I. DEPENDENCY OVERRIDE RENEWAL REQUEST

☐ CCBC approved my request for a dependency override in a **prior year**, and my situation has not changed.

Student's Signature

Date

STOP HERE and submit form.

II. NEW DEPENDENCY OVERRIDE REQUEST

SECTION A: CURRENT LIVING SITUATION

1. With whom do you currently live (answer below)?

1a. Name(s): _____

1b. Relationship(s) to you : _____

2. When did this arrangement begin?

_____/_____/____ (month/year)

SECTION B: PARENTAL INFORMATION

1. Please provide the information below regarding your **biological or adoptive** parents to the best of your ability.

Biological/Adoptive Parent 1	Biological/Adoptive Parent 2
First Name: _____	First Name: _____
Middle Name: _____	Middle Name: _____
Last Name: _____	Last Name: _____
Date of Birth: ____/____/____ (mm/dd/yy)	Date of Birth: ____/____/____ (mm/dd/yy)
When was the last time you lived with your biological/adoptive mother? ____/____ (month/year) OR <input type="checkbox"/> Never	When was the last time you lived with your biological/adoptive father? ____/____ (month/year) OR <input type="checkbox"/> Never



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SECTION C: PERSONAL STATEMENT

Please attach a detailed, written explanation of the unusual circumstances preventing you from providing both Parent 1 and Parent 2 information on your FAFSA. *Note the list of situations that are not considered extenuating or unusual circumstances on previous page.*

☐ My signed and dated statement is attached.

SECTION D: THIRD-PARTY DOCUMENTATION

Third-party documentation is critical to making a determination on a dependency override request. Attach documentation supporting the extenuating circumstances that you have described in your attached statement. Third-party documentation MAY include, but is not limited to, one or more of the following:

- Federal or state documentation that your parent(s) are incarcerated
- Signed, dated letter on official letterhead from:
 - a state, county or Tribal welfare agency;
 - an independent living case worker who supports current/former foster youth with the transition to adulthood;
 - a public or private agency, facility, or program servicing the victims of abuse, neglect, assault or violence;
 - an attorney, guardian ad litem, a court-appointed special advocate (or similar), or a representative of a TRIO or GEAR UP program which confirms the circumstances and the person's relationship to the student;
 - or a school counselor, teacher, social worker, medical/mental health professional, or clergy member which confirms the circumstances and person's relationship to the student;
- High school (senior year) records indicating guardian/custodian
- Death certificate(s) of parent(s), and birth certificate of student, if applicable

! Documentation from family or friends (e.g. neighbors, grandparents, aunts, uncles, etc.) is not considered "third-party".

SECTION E: ACKNOWLEDGEMENTS & CERTIFICATION

- ☐ I understand all dependency override decisions are made on a case-by-case basis, and this written request does not guarantee approval.
- ☐ If requested, I agree to provide further documentation to substantiate this request. Failure to submit all requested documentation will result in denial of the Dependency Override Request.
- ☐ NOTICE: Please be aware that, according to Maryland Family Law 5-701, educators are required to report current and past child abuse and neglect even when the former victim is now an adult and even when the former alleged abuser is deceased. If you disclose current or past abuse/neglect in any submitted paperwork or to any financial aid staff personally, we are required by law to report it. CCBC Financial Aid Office will report the suspected abuse/neglect to the Title IX officer. If you have any questions, contact the Title IX Office at TitleIX@ccbcmd.edu.

Warning: The student signing this worksheet certifies that all the information reported is complete and accurate. If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student's Signature

Date

Please allow *at least* 2-3 weeks after ALL documents submitted for review. Check your SIMON account for status updates.
All documents must be submitted by the last day of the semester.