



Dependency Override Form

STUDENT INFORMATION: Name: _____ Phone: _____

DOB: ____/____/____ NSHE ID # _____

STUDENT'S INCOME INFORMATION: Current Year Total Income \$ _____ Prior Year Total Income \$ _____
(Include all sources of income: wages, untaxed income, interest income, etc.)

STUDENT'S PRESENT LIVING ARRANGEMENTS: Who do you live with? _____

Monthly rent and utilities: _____ Number of years/months at current residence: _____
\$ _____ Years _____ Months

PARENT INFORMATION:

List the FULL name and address of each of your parents as completely as you can.

Mother:
Street Address:
City:
State:
Zip Code:

Father:
Street Address:
City:
State:
Zip Code:

** If one or both of your parents are incarcerated or institutionalized, provide an official letter from the warden, sheriff, or other public official certifying your parent's incarceration/institutionalization along with this form.*

Attach the following to this form.

1. On a separate sheet of paper describe the following:

- The last time you had contact with each of your parents. Indicate when, where, and the nature of the contact.
- How do you support yourself and meet expenses? If your income does not fully cover all your expenses, explain how you cover your outstanding expenses (ex: roommate(s), friend and so on). *Documentation must be signed and student id included.*

2. Provide a statement from two people who are aware of your situation.

- At least one statement must be from a professional which **must be on letterhead**. Examples include high school and professional counselors, social workers, teachers, police, and religious leaders. *Copies of appropriate court documents are also acceptable.*
- The other statement can be from anyone who is aware of your situation. *Documentation must be signed.*

Indicate the names and relationship of the two people providing the statements above.

Name	Phone Number	Relationship to Student
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STUDENT CERTIFICATION:

I certify that the information provided on this form is true and correct. I authorize Western Nevada College, Financial Assistance Office, to contact the persons listed above for additional information and/or to clarify information. **I fully understand that to falsify any information on this form in order to receive Federal Title IV funds is a federal offense and can be punishable by a \$20,000 fine, imprisonment, or both.** I understand that if my situation changes in any way, such as if I move back with my parents and/or receive any kind of support from them, I **must** report this information to the Financial Assistance Office in a signed document.

Student's Signature

Date

<p>Financial Assistance Office <input type="checkbox"/> Approved <input type="checkbox"/> Denied</p> <p>_____ <i>Director of Financial Assistance</i></p> <p>_____ <i>Date</i></p>	<p>Comments:</p> <div style="border: 1px dashed black; height: 150px;"></div>
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DEPENDENCY OVERRIDE REQUEST

In extenuating and documented cases, the Financial Assistance Office has the authority to use professional judgment to override a student's dependency status in order to make a student independent for the purpose of applying for financial aid. A student must be unable to obtain his/her parent's information due to extenuating circumstances.

Regulations governing Student Financial Aid (SFA) programs follow the premise that the family is the first source of the student's support. Federal regulations allow financial aid administrators to do a Dependency Override on a case by case basis to accommodate certain extenuating circumstances. The U.S. Department of Education's Application and Verification Manual, lists four (4) specific conditions that singly, or in combination, DO NOT qualify as a special circumstance or merit a dependency override. They are:

1. Parents refuse to contribute to the student's education
2. Parents are unwilling to provide information on the application or verification
3. Parents do not claim the student for income tax purposes
4. Student demonstrates total self-sufficiency

Parent's unwillingness to provide information or inability to help support the student are not acceptable reasons for a Dependency Override. If you believe your circumstance may qualify for a Dependency Override, then you must submit a Dependency Override Request and third party reference letter to the Financial Assistance Office for consideration.

The information stated in the Dependency Override Request must be verified by a third party who is aware of your family situation and can verify the information you have provided. Examples include, but are not limited to: an employer, clergy, social worker, attorney, court official, teacher, counselor, psychiatrist, medical professional, law enforcement, etc.

INSTRUCTIONS FOR THIRD PARTY DOCUMENTATION

Third party documentation must be provided on a SEPARATE sheet of letterhead paper. The third party needs to include any information of which they have first-hand knowledge, and that they feel best describes the student's situation. The following is a list of information that MUST be included in your letter:

1. **How long have you known the student?**
2. **Your relationship to the student.**
3. **When was the last time the student lived with and/or received financial support from his/her parents?**
4. **Any knowledge of his/her relationship with their parents.**
5. **The steps that the student has taken to establish their independence from their parents.**

Please make sure to include your professional title, name of and type of business, business address, telephone number, and where to contact you if any additional information or verification is required.