

EL PASO COMMUNITY COLLEGE
2009-2010
REQUEST FOR DEPENDENCY OVERRIDE

(To be used only by students who are requesting override consideration for the first time)

NAME _____ ID: ____/____/____ E-MAIL: _____

If you believe you have special circumstances that impact your dependency status for the 2009-2010 academic year, please complete this form, supply all the documentation requested, and submit to the EPCC Financial Aid Office. Typically, special circumstances have to do with situations at home that force an otherwise dependent student to become independent. Do not omit information or documentation, as this will delay the processing. The Financial Aid Office will review your Dependency Override request and you will be notified of the results through mail or e-mail (if one is provided.)

PLEASE READ CAREFULLY BEFORE COMPLETING THIS FORM

The basic premise underlying student financial aid is that it is primarily the responsibility of the student and his or her family to pay educational costs. When family resources are insufficient, financial aid may be awarded to supplement the resources of the student's family to help pay educational expenses. By petitioning, you are asking us to relieve your parents of the responsibility of using their resources to pay part of your college costs. In order for our office to consider this appeal, you must document an extreme, unique and/or unusual family circumstance which prevents you from obtaining parental information.

WHAT DOES CONSTITUTE UNUSUAL CIRCUMSTANCES: Examples of extreme, unique or unusual family circumstances include family abuse or neglect, parental desertion and other situations where contact between the student and parent is non-existent. Submission of this appeal and documentation does not necessarily mean the appeal will be approved each determination is made on a case by case basis. **The Financial Aid Office decision is final and cannot be appealed to the Department of Education.**

WHAT DOES NOT CONSTITUTE UNUSUAL CIRCUMSTANCES: The Financial office maintains that certain circumstances cannot be considered unusual. For example, the parents unwillingness to assist the student in providing information, a student who does not want to request parental information and a student who is and has been on "their own" for several years. For additional information or questions, please feel free to contact the Financial Aid Office.

REQUIRED DOCUMENTATION:

1. Letter from student detailing the special circumstances that make the student independent from parents.
 - a. The nature of your current relationship with your parents.
 - b. The whereabouts of parents and when you last had contact with them.
 - c. Why you cannot obtain information and/or support from your parents.
 - d. How you have been supporting yourself this year.
2. Provide supporting documentation attesting to the circumstances described in your statement.
3. Two different notarized statements from professionals (teachers, counselor, clergy, social worker, etc.)
4. Signed copy of your 2008 Federal Tax Return and/or statement from person providing support.
5. Complete your 2009-2010 FAFSA paper version ONLY.
6. Download the 2009-2010 Verification Worksheet, which can be found at:
<http://www.epcc.edu/Student/Stufin/sfs9new.htm> in the forms category.

PLEASE ANSWER THE FOLLOWING. IF ADDITIONAL SPACE IS NEEDED ATTACH A SEPARATE SHEET:

1. Did you live with either parent during 2008? Yes () No (). If yes, what was the last day that you lived with them ____/____/____
2. Do you now receive or have you received financial support from your parents in the past year (such as monetary gifts, payments of bills, cash for expenses, etc.)? Yes () No (). If yes:
 - a. Please indicate the amount/type of support for 2008 _____
 - b. When did you stop receiving support? ____/____/____
3. Did your parents file a 2008 Federal Tax Return? Yes () No (). Please attach a copy of their return or attach a separate page stating the reason you cannot.
4. Did you file a 2008 Federal Tax Return? Yes () No ().
If no, why not? _____
5. Will anyone beside yourself claim you as a TAX EXEMPTION on their 2008 Federal Tax Return? Yes () No (). If yes, provide their return. _____

ANSWER THE QUESTIONS BELOW:

1. My current permanent address is: Street _____ City, St, Zip _____
2. I have lived at this address since ____/____/____
3. This property is owned by _____
4. Is the residence listed above owned by a relative? Yes () No (). If yes, how are you related? _____
5. What is your total MONTHLY cost for housing? \$ _____
6. What is your MONTHLY cost for utilities? \$ _____

7. What percentage of item 6 did you pay \$ _____
8. From what income source will your cost of housing and utilities be paid? _____
9. What is the approximate MONTHLY cost for food? \$ _____
10. From what income source are food cost paid? _____
11. What is the approximate MONTHLY cost for gas and car maintenance? \$ _____
12. What is the source of income for payment of gas and car maintenance? _____
13. From what income source are car payments made? _____
14. Do you have car insurance? Yes () No (). If yes, please attach a copy of the policy or proof of insurance card.
15. Do you have health insurance? Yes () No (). If yes, please attach a copy of the policy page that indicates you are on the policy.

WHAT DO YOU EXPECT YOUR INCOME AND EXPENSES TO BE IN 2009?

Estimated 2009 taxable income (wages, interest income, etc.):

In 2009 how much will you earn from work? \$ _____
 In 2009 how much other taxable income will you have? \$ _____
 In 2009 how much will be received in unemployment benefits? \$ _____

Estimated 2009 untaxed income and benefits:

Social Security Benefits: \$ _____
 Aid to families with Dependent Children (AFDC or ADC) \$ _____
 Other untaxed income and benefits (Child Support, etc.) \$ _____

CERTIFICATION

All of the information on this form is true and complete to the best of my knowledge. I understand that if all the information requested above is not supplied, that no action will be taken on this request. If asked by an authorized official, I agree to give proof of the information I have given on this form. I realize this proof must include a copy of my U.S. Income Tax Return. I also realize if I do not give proof when asked, I may not be processed for financial aid. I also understand any suspected fraud will be reported to the proper authorities and the Office of Inspector General. Such things as forged, falsified or counterfeit documents, irregular signatures and certifications, false or fictitious names, addresses, staff, unreported or misreported receipt or student aid. No student or prospective student will be excluded from participation in or be denied the benefits of financial aid on the basis of race, color, age, national origin, religion, or sex. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student Signature: _____ Date: _____

FOR FINANCIAL AID USE ONLY

The specific unusual circumstances upon which this determination to grant a dependency override are:

Initiated By: _____ Date: _____

Comments _____

Secondary Review:

Staff Signature _____ Date: _____

Comments _____

Action taken: _____ Date: _____

REFERENCE

Name of Student

SS#

ID#

- 1. How long have you known the student? _____
- 2. Are you related to the student? _____ If so, how? _____
- 3. With whom does the student reside? _____

4. To your knowledge has anyone claimed the student as an income tax exemption for the following years:

2006 _____ Yes _____ No _____ Don't know _____ If Yes, by whom _____
 2007 _____ Yes _____ No _____ Don't know _____ If Yes, by whom _____
 2008 (if applicable) _____ Yes _____ No _____ Don't know _____ If Yes, by whom _____

5. Please explain briefly what you know to be the student's situation. If you should need more space to explain, please attach a letter or use the back of this form.

6. If providing support of any kind please specify:

I certify that all of the information on this form is true and complete to the best of my knowledge. I also understand that I may be contacted if further information is needed.

Name of Reference (please print)

Official Title or Relationship to Student

Signature

Telephone Number

Street Address, P.O. Box, Etc.

Best Time to be Reached

City, State, and Zip

Date

ACKNOWLEDGEMENT

STATE OF _____)
) SS. _____
 COUNTY OF _____)

On this _____ day of _____ 20_____, before me, the undersigned Notary Public, personally appeared _____ to me known to be the individual(s) described in and who executed the foregoing instrument, and acknowledged that he (she) (they) executed the same as his (her) (their) free act and deed.

My Commission expires _____

Notary Public