



# 2024-2025 Financial Aid Office

## Dependency Override

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ EPCC ID: \_\_\_\_\_

The determination of student dependency status, Dependent or Independent is determined by the U.S. Department of Education when the student completes the Free Application for Federal Student Aid (FAFSA). Students with unusual circumstances may be able to adjust their dependency status by submitting a Dependency Override.

A Dependency Override allows a student with unusual circumstances to change dependency status from dependent to independent. Please complete this form and provide all the documentation requested. Submitting this request and documentation does not guarantee approval; 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.**

Unusual circumstances may include:

- Family circumstances include but are not limited to family abuse or neglect.
- Parental abandonment and other situations where contact between the student and parent is non-existent.

You may email the form and all requested documents to [Financial.Aid@epcc.edu](mailto:Financial.Aid@epcc.edu).

### REQUIRED DOCUMENTS

Student Statement	<ul style="list-style-type: none"><li>• A letter explaining in detail the exceptional circumstances making you independent due to your current relationship with your parents or legal guardians.</li><li>• The letter must specify:<ul style="list-style-type: none"><li>➤ When you last had contact with them</li><li>➤ Why you cannot obtain information and support from them</li><li>➤ How have you been supporting yourself</li></ul></li></ul>
Supporting Documentation	<ul style="list-style-type: none"><li>• Provide supporting documentation to the circumstances described in your statement. Additional documentation may be required.</li><li>• Two statements from professionals aware of your circumstances, such as teachers, counselors, clergy, social workers, etc. (Refer to pages 3 and 4.)</li></ul>
Tax Forms	<ul style="list-style-type: none"><li>• 2022 IRS Tax Transcripts if you <b>are</b> required to file.</li><li>• 2022 Non-filer Letter if you <b>are not</b> required to file.</li></ul>
Financial Aid Form	<ul style="list-style-type: none"><li>• Complete the 2024-2025 Institutional Verification Form, found at: <a href="https://www.epcc.edu/Admissions/FinancialAid/financial-aid-forms">https://www.epcc.edu/Admissions/FinancialAid/financial-aid-forms</a></li></ul>

Please answer the following; if additional space is needed, attach a separate sheet.

**1. Did you live with either parent within the last six months of 2023?**

☐No      ☐Yes

**2. My current permanent address is:** \_\_\_\_\_

**3. I have lived at this address since:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**4. This property is owned by:** \_\_\_\_\_

**5. Is the residence listed above owned by a relative?**

☐No      ☐Yes, How are you related? \_\_\_\_\_

**6. Any additional information we need to be aware of:**

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All 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, no action will be taken on this request. If asked by an authorized official, I agree to prove the information I have provided on this form. I realize this proof must include IRS Tax Transcripts. I also realize that if I do not provide evidence when asked, I may not be processed for financial aid. I also understand that any suspected fraud will be reported to the proper authorities and the Office of Inspector General. Such things as falsified or counterfeit documents, irregular signatures, certifications, false or fictitious names, addresses, and unreported or misreported student aid receipts.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

## Reference

1. How long have you known the student? \_\_\_\_\_

2. Are you related to the student?

☐ No ☐ Yes, How? \_\_\_\_\_

3. With whom does the student reside? \_\_\_\_\_

4. To the best of your knowledge, has anyone claimed the student as a dependent on their income tax return for the following years:

▪ 2023 ☐ Do not know ☐ No ☐ Yes, by whom \_\_\_\_\_

5. Please explain briefly what you know to be the student's situation and if you are providing support of any kind. If you should need more space to explain, please attach a letter.

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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.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## Reference

1. How long have you known the student? \_\_\_\_\_

2. Are you related to the student?

☐ No ☐ Yes, How? \_\_\_\_\_

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\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**