



Beaufort County Community College

Office of Financial Aid

5337 Highway 264 East Washington, NC 27889

T: 252.940.6222 F: 252.940.6393 finaid@beaufortccc.edu

2019-2020

Request for Dependency Override

You are requesting that the Beaufort County Financial Aid Office consider you as an Independent Student for federal student aid purposes.

Please complete this form and provide the following documentation:

- **A personal letter describing the reasons why you believe you should be considered as an independent student.** The letter should provide as much detail as possible describing your relationship to your parent(s) and your unusual circumstances. In your letter please address the following:
 - Why you cannot provide parental financial information on the 2019-2020 Free Application for Federal Student Aid (FAFSA).
 - The last time (preferably the approximate month and year) you had contact with your biological parents. Describe the nature of your last contact. Where are your parents living?
 - How have you supported yourself?
 - Your living arrangements the past two (2) years. Have you lived with anyone the past two years? His/her relationship to you?
 - Other supporting documentation
- **Letters from two individuals who can attest to your situation.** The letters should be no more than one page and describe your relationship to your parent(s).
 - The letters should be from professional individuals not related to you i.e.: a counselor, a social worker, a clergy member, law enforcement official, etc.
 - Each letter must include the individual's name, title or position, relationship to you, and address. The letter **must be signed on official business letterhead.**
 - The individuals cannot be related to each other.
- **A completed and signed 2019-2020 Free Application for Federal Student Aid (FAFSA)** leaving the parent section blank.
 - Complete the 2019-2020 Independent Household Form
 - Provide copies of your 2017 & 2018 federal tax returns
 - A copy of your lease/rental agreement

Submit all documentation to the Office of Student Financial Aid and complete back of this form.

Please print clearly. Do not leave any item blank.

Student Name: _____ Student ID: _____

1. Did anyone claim you on their 2017 Federal Income Tax Return? Yes No

If yes, list person's name and relationship to you:

Name: _____ Relation: _____

2. Did anyone claim you on their 2018 Federal Income Tax Return? Yes No

If yes, list person's name and relationship to you:

Name: _____ Relation: _____

3. Did you receive AFDC/TANF (welfare), SSI (disability), or Social Security benefits in 2017? Yes No

If yes, Source: _____

Amount per month: _____

Total amount for 2017: _____

4. Provide the following information about your expenses **PER MONTH** in 2017 and 2018. If you did not have any expenses please tell us why.

Expenses	2017	2018
1. Housing (rent, mortgage)	\$	\$
2. Child Care	\$	\$
3. Food	\$	\$
4. Utilities	\$	\$
5. Credit Card(s)	\$	\$
6. Medical/Dental	\$	\$
7. Clothing	\$	\$
8. Auto (car payments, insurance, maintenance)	\$	\$
9. Other personal expenses	\$	\$
10. Total Month Expenses/Support	\$	\$
11. Total Yearly Expenses/Support (line 10 X 12 months)	\$	\$

Certification and Signature

By signing below, I certify that all of the information reported on this form and any documentation provided is complete and correct.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student Signature

Date

Phone Number

OFFICE USE ONLY

Comments:

Approved Denied

Financial Aid Administrator Signature

Date

Dependency Override