

Ohlone Community College District  
43600 Mission Boulevard  
Fremont, CA 94539-5847  
(510) 659-6000



Financial Aid Office  
Building 7, Second Floor  
(510) 659-6150  
financial\_aid@ohlone.edu

## DEPENDENCY OVERRIDE REQUEST

*Federal financial aid is based on the assumption that students and their parents are primarily responsible for paying for college. If you are a dependent of your parents, FAFSA instructs you, by law, to provide parents' financial information. In extreme cases, the Financial Aid Office may be able to assist a student who may be considered independent. In such cases, the student must complete this form and provide written documentation, if possible, from a third-party (e.g. minister, relative, social worker, high school/college counselor, adult with whom currently living, etc.) to confirm your current situation.*

**Student's Name** \_\_\_\_\_ **ID #:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
\_\_\_\_\_

1. What are your present living arrangements?

- Homeless (living in shelter, motel, car) since: (Date) \_\_\_\_\_  
 Living with Others (with whom do you live?) since (Date): \_\_\_\_\_

How much do you pay in rent: \$ \_\_\_\_\_ /Month

2. How do you support yourself and meet your living expenses?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parents:	MOTHER	FATHER
Name:	_____	_____
Address:	_____	_____
	_____	_____

3. When was the last time you lived with your parents? \_\_\_\_\_  
(Month/year)

4. When did your parents last provide any form of support? \_\_\_\_\_  
(Month/year)

5. When was the last time you had any contact with your parents? \_\_\_\_\_  
(Month/year)

6. Without going into graphic details, please describe the current status of your relationship with your parents and what led to this situation.

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Please attach a separate sheet of paper if necessary to provide additional information that you feel supports your request to be considered as an independent student.

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT. I ALSO UNDERSTAND THAT IT WILL BE USED WITHIN FEDERAL REGULATIONS REGARDING THE DETERMINATION OF MY DEPENDENCY STATUS.

I UNDERSTAND THAT IF I MOVE BACK WITH MY PARENTS OR RECEIVE ANY SUPPORT FROM THEM I MUST REPORT THIS TO THE FINANCIAL AID OFFICE IMMEDIATELY.

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Date

The above information must be verified and documented by a third-party who is aware of your situation and can support the facts you present. Examples of such persons would include clergy, social service personnel, teachers, counselors, law enforcement officers, and adult individual with whom you currently live. **They must sign the statement below, and attach a statement** that would support your claim.

**Verification of Third-Part familiar with student's situation:**

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Title/Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

**FOR OFFICIAL USE ONLY:**

Using professional judgment, this student is:

INDEPENDENT

DEPENDENT

More Information Needed

Remarks:

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Signature of Financial Aid Officer: \_\_\_\_\_

Date: \_\_\_\_\_