Burlington County College Office of Financial Aid

2015-2016 Dependency Override Request Form

Don			
	endency status is determined by specific criteria and can ncial Aid Office assesses situations on a case-by-case basis a		dministrator only in unusual circumstances. The
•	dent cannot be determined to be independent just because the parents do not want to provide information on the FAF the parents do not feel it's their responsibility to provide fir the parents no longer claim the student as a dependent or or the student no longer lives at home.	SA due to privacy concerns; nancial assistance for college;	
Doc	umentation Required (please attach to this fo	orm):	
	 Detailed letter from you, the student, requesting a Depend The nature of your relationship with your parents The location of both of your parents and when you last Why you cannot obtain information and/or financial su How you have been supporting yourself 	t had contact with them	n of the following:
	Two letters on letterhead from professional sources, i.e.: • Social/Case Worker • Teacher • Counselor • Lawyer • Doctor/Psychologist • Pastor		
	A third letter may be accepted from a family member detai Court/legal documents:	lling your history	
Inco	ome Documentation		
	2015-2016 Standard Verification Worksheet 2014 Tax Return Transcript and W-2's		
Oth	er Relevant Documentation		
<u> </u>	Rent/lease agreements Rent receipts Utility receipts Other information to document self-sufficiency		
	cify that the information above is true and complete to the ded above. I realize that if I do not submit requested documen		
Student's Signature			Date