



DALLAS COLLEGE

2024-2025 Request for Dependency Override

Scanning
Doc Category: Grants
Doc Type: Dependency
Change
Scanned: Completed
Award Year: 2024

Contact Financial Aid at (972) 669-6400 or financialaid@dcccd.edu for upload link.

The purpose of this form is to provide the student the opportunity to submit a special case for review for dependency status. To secure a class schedule, you must ensure tuition is paid in full or has setup a payment plan and be enrolled in a minimum of six (6) credit hours. You will not be able to apply for the request if you are not meeting satisfactory academic progress. Deadline to submit your request is six weeks prior to the end of the semester.

SECTION I: Student Information

_____			_____	
Last Name	First Name	M.I.	Student ID #	Email
_____			_____	
Address			Primary Contact #	
_____			_____	
City	State	ZIP Code		

The Department of Education determines a student's status as dependent or independent by the answers the student provides on the questions listed in Step Three of the Free Application for Federal Student Aid (FAFSA). Students are classified as dependent or independent based on the principle that students (and their parent) are considered the primary source of support for postsecondary education. Since you do not meet the federal definition of an independent student, you must provide documentation that demonstrates unusual circumstances that makes it unreasonable to expect parental data on your application for financial aid. Please complete this dependency override request and return it the financial aid office with supporting documentation. **Requests are processed as quickly as possible but may take up to 4-6 weeks during peak periods (May-August) and are reviewed on a case-by-case basis.**

The following **DO NOT** qualify as reasons for requesting a dependency change:

- Student demonstrates total self-sufficiency.
- Parents are unwilling to provide information on the application or for verification.
- You do not live with your parents.
- Your parents do not claim you on their federal or state tax forms.

The following reasons may consider a student for a dependency override. If approved for a dependency override, a student's dependency status may be updated on the FAFSA to independent and the student's financial aid eligibility calculation can be based on student income information only.

- Abandonment by parents.
- An abusive family environment that threatens the student's health or safety.
- Student is unable to locate his/her parents.

Documentation is critical to the dependency override process. The documentation must support, and include the reason for, the request and should in almost all cases originate from a third party with knowledge of the unusual circumstances of the student.

Please provide a typed and detailed statement explaining the severe situation(s) that exists in your family preventing you from obtaining your parent's financial information, such as parent physical or emotional abuse, severe estrangement, abandonment, incarceration, drug or alcohol abuse, mental incapacity, or other such situations beyond your control.

SECTION II: Student Reason. Please list your reason below and check the box(es) for the documents you are attaching to this form.

Reason for requesting to be independent (attach detailed letter of explanation): _____

Check the type(s) of documentation you are providing to support your request. **Two** letters from third party persons must be provided to support your request.

Third party letters from:

Minister Social worker Psychologist High school counselor Teacher Doctor Relative Other professional

If you are providing a report to document your circumstance, check one of the following:

Police Report Court Reports Documentation from a social agency Parent's death certificate Other Report Type:

Other Documentation: _____

Student's Family Information: List yourself and other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2025.

If more space is needed, attach a separate page with your name and student ID # at the top.

Full Name	Age	Relationship	College	Will Be Enrolled at Least Half Time (Yes or No)
Marty Jones (example)	28	Wife	Central University	Yes

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in an eligible postsecondary educational institution is inaccurate.

Certification and Signature

Each person signing below certifies that all the information reported is complete and correct. The student must sign this form. If married, the spouse's signature is optional, and if a dependent student, at least one parent must sign.

SECTION III: Signature Requirements

Turning in this form does not establish approval. Once you submit this form, you will be contacted by someone in the Financial Aid Office.

Student Signature: _____ Date: _____

Office Use Only:

Approved Denied Not Eligible for Dependency Override

Comments: _____
