

2017-18 Dependency Override Appeal Application

The Reauthorization of the Education Amendments of 2008 defines an independent student as one who:

1. is at least 24 years old by December 31 of the award year;
2. is married;
3. is working on a master's or doctorate program;
4. is currently serving on active duty in the U.S. Armed Forces for purposes other than training;
5. is a veteran of the U.S. Armed Forces;
6. has children and provides more than half their support;
7. has dependents (other than children or spouse) who live with him/her and provides more than half their support;
8. is an orphan, dependent/ward of the court, or in foster care on or after age 13;
9. is an emancipated minor as determined by a court in the student's state of legal residence;
10. is in a legal guardianship as determined by a court in the student's state of legal residence;
11. is an unaccompanied youth who is homeless on or after July 1, 2016, as determined by the student's high school or school district homeless liaison, director of an emergency shelter, or director of a runaway or homeless youth basic center or transitional living program.

If you do not meet any of the above criteria, you are considered a Dependent student for financial aid purposes. The Department of Education considers your parent(s) the party primarily responsible for funding your education, and your financial eligibility is based on your financial information and your parent(s) financial information.

The Department of Education does allow Financial Aid Administrators to use professional judgement if a situation exists where extenuating circumstances prevent a student from being able to provide the necessary parental information. If you wish to appeal your dependent status, you must provide our office with:

1. a letter from the student explaining why relationship with parents is unusual, why he or she cannot provide parental data, and how he or she supported him or herself since leaving the parent(s) home;
2. copies of the student's 2014, 2015, and 2016 Federal income tax transcripts;
3. copies of apartment leases for 2014, 2015, and 2016;
4. copy of current pay stub;
5. written documentation verifying the "unusual situation" that led you to become independent of your parent(s). (A statement on letterhead from a counselor, minister, or social worker will be acceptable.);
6. copies of the parent's 2014, 2015, and 2016 Federal income tax transcripts;
7. copy of any insurance coverage (health, auto, renter's or homeowner's) showing policy holder's name;
8. completed 2017-18 Free Application for Federal Student Aid Application;
9. completed 2017-18 Independent Student Verification;
10. completed 2017-18 Oakton Community College Financial Assistance Information;
11. completed 2017-18 Dependency Override Appeal Application.

Once all of the above documentation has been submitted, the dependent status appeal committee will review your situation and make a decision.

This appeal form is subject to change without notice upon receipt of new Federal Regulations.

FOR OFFICE USE ONLY

Last Name

First Name

Social Security Number

Please answer the following questions:

1. Indicate the amount of financial support you currently receive from your parent(s) per month \$ _____.
2. Indicate the amount(s) and the source(s) of your annual income for 2014, 2015, and 2016 [for example, wages, monetary gifts from persons other than your parent(s), interest income].

2014 \$ _____ Source(s) _____

2015 \$ _____ Source(s) _____

2016 \$ _____ Source(s) _____

3. Please complete the following statement of your annual calendar year expenses:

EXPENSES (if any amounts are zero please explain)	2014 (Jan. - Dec.)	2015 (Jan. - Dec.)	2016 (Jan. - Dec.)
Housing/Rent			
Food			
Transportation (car payments, insurance, gas, maintenance)			
Utilities			
Child Care and/or Dependent Care			
Personal (clothing, entertainment)			
Insurance/Medical			
Other			
TOTAL			

Student Signature

Date

You will receive a written reply from a financial aid administrator upon review of the documentation submitted. **Please note that all documentation attached to this appeal must include your name and social security number.**

Any questions concerning your dependency status may be directed to our office at 847-635-1708.

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Appeal Granted: Yes No FA Signature _____ Date _____