



Financial Aid Office
800 South College Drive
Santa Maria, CA 93454-6399
(805) 922-6966, Ext. 3200

NAME _____

PHONE # _____

STUDENT ID # **H** _____

2023-24 Dependency Override Appeal Form

The Allan Hancock College (AHC) Financial Aid Office recognizes that students may have special circumstances that the Free Application for Federal Student Aid (FAFSA) does not consider. This form is for dependent students who do not meet the federal criteria for “independent” status as outlined on the 2023-24 FAFSA, but who would like to have their unique circumstances reviewed in order to be considered an independent student for financial aid purposes. This process is called a dependency override, and is considered on a case-by-case and year-by-year basis. **You should make a copy of this form and all documents for your records.**

Students Who Should Not Complete This Form

The following circumstances are not considered viable reasons for independent status:

- You do not reside with your parents.
- Your parents do not claim you on their tax return.
- Your parents refuse to pay for your college education.
- Your parents refuse to provide information on the FAFSA or provide documents for verification.
- Your parents are not financially able to pay for your college education.
- You can demonstrate that you are self-sufficient.
- You do not want your parent’s assistance to pay for college.

If you fall under one of the categories below, **DO NOT** complete this form. Instead, complete the appropriate form as outlined below:

- **Orphan/Ward of the Court/Foster Care:**
Complete the Orphan/Ward of the Court or Foster Care form
- **Emancipated Minor/Legal Guardianship:**
Complete the Emancipated Minor or Legal Guardianship Form
- **Homeless or Unaccompanied Youth:**
Complete the Unaccompanied Homeless Youth Verification Form

These forms are available on the financial aid page on the Allan Hancock College website at:

<https://www.hancockcollege.edu/finaid/forms/>

Students Who Should Complete This Form

Students who are estranged from their parents due to extenuating or unusual circumstances may complete this form to be considered for a dependency override. Adverse family situations may include: physical or emotional abuse, severe estrangement, abandonment, parental drug or alcohol abuse, mental incapacity or other situations beyond your control that prevent you from obtaining your parent financial information.

Requirements and Instructions

1. AHC financial aid office must have your 2023-24 financial aid application (FAFSA or Dream Act) on file.
2. Submit a personal statement with this appeal, explaining the circumstances of your current family situation. Your personal statement must include the following information:
 - A detailed explanation of your current relationship with each of your parents. If you are estranged from your parents, provide a detailed account of the circumstances which led to the estrangement. Please include the dates of the incidences in your statement.
 - When was the last time you spoke with your parents?
 - Where are you living (do you live with someone other than your parents)?
 - How are you able to pay for living expenses such as rent, groceries, and utilities?
3. Submit supporting documentation to substantiate the reasons for your dependency override request. This documentation may include, but is not limited to:
 - Documentation to confirm that a parent is deceased, institutionalized, or incarcerated.
 - Documentation confirming that there is a protection/restraining order that prohibits you from having contact with your parents.
 - Other legal documentation that would explain why parental information should not or cannot be obtained for your financial aid file.
 - A signed letter verifying the reasons for your dependency override request. This letter should come from a responsible adult in a professional capacity (i.e. high school or college counselor, social service agency official, pastor or clergy member, mental health professional, physician, law enforcement officer, therapist, teacher, etc.) who is able to verify the family circumstances you described in your personal statement. The letter should be submitted on letterhead from the person's place of employment, and include their full address and phone number.

Sign this Worksheet

By signing this worksheet, you certify that all information reported on this worksheet is complete and correct. If you purposely give false or misleading information, you may be fined, sentenced to jail, or both.

 Student's Signature

 Date

Financial Aid Office Use Only

- Dependency Override Approved
- Dependency Override Denied-No extenuating circumstances
- Dependency Override Denied-Insufficient documentation

Comments Supporting Decision: _____

 Date of Review: _____ Reviewed by: _____