

Student's Name:

☐ I am currently, or I was in Court

Ordered Legal Guardianship

2021-2022 **Dependency Override**

2**1**2**2** DEPOV Financial Aid Office 401 Thomas Run Road Bel Air, MD 21015 finaid@harford.edu

HID#

It is the philosophy of Congress and the U.S. Department of Education that parents have the primary responsibility for educating their children. The definition of an independent student, for financial aid purposes, is a student who meets at least one of the following criteria:			
☐ Since I turned age 13, both of my parents were deceased	☐ I am married	☐ I was born before Jan 1, 1998	
☐ I have been legally emancipated from my parents (Court Ordered Emancipated Minor)	☐ I have children and I provide more than half of their support	☐ I am serving active duty or am a veteran of the U.S. Armed Forces	
□ I was in foster care, dependent/ward of the courts at some point since turning age 13	☐ I have dependents (other than my children or spouse) who live with me and I provide more than half of their support	☐ I will be working on a Master's or Doctorate program (e.g., MA, MBA, MD, JD, PhD, EdD, graduate certificate)	

If a dependent student's circumstances make it unreasonable to expect a parental contribution, federal regulations allow aid administrators to change or override the student's dependency status. The Department of Education has defined four conditions that, individually or in combination with one another, do not qualify as "unusual circumstances" or that do not merit a dependency override.

☐ I am homeless or I am at risk of being homeless (must be verified)

The following circumstances **do not** warrant a request for a dependency override:

- Parents refusing to contribute to the student's education;
- Parents unwilling to provide information on the application or for verification;
- Parents not claiming the student as a dependent for income tax purposes;
- Student demonstrating total self-sufficiency.

The Department of Education has further defined instances when a Dependency Override is appropriate. The following circumstances may be considered for a dependency override with the appropriate documentation:

- Abandonment by parents;
- Student has been the victim of domestic violence and is no longer residing with the parents;
- Incarceration of parents.

* NOTE: According to MD law, educators are required to report suspected current and past abuse (including but not limited to child abuse and neglect). This is required even if the former victim is an adult and/or the alleged abuser is deceased at the time of the disclosure. Furthermore, according to Harford Community College's Sexual Harassment and Discrimination Policy and Procedures, financial aid staff must disclose instances of sexual harassment and discrimination to the College's Title IX Coordinator. If you disclose information to the Financial Aid Office staff, whether in-person or in writing, it may be subject to reporting by Harford Community College. If you have any concerns regarding this requirement, please contact the Student Affairs office at studentaffairs@harford.edu or 443-412-2142

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

	H ID#
The following documents are necessary FAFSA – Fill in STEPS ONE, T	
(DO NOT SUBMIT TO THE D	EPARTMENT OF EDUCATION)
Independent Verification Worksho	eet
Copy of 2019 Federal Tax Return	Transcript and W-2s
Copy of current pay stub	
you have done this. You must also current separation from them. If yo describe the nature of that support information which you feel will he	ow you came to support yourself and over what time period describe the events in your family which led up to your ou are receiving support from friends or relatives, you must and how you came to receive it. Provide any and all elp to outline your situation. All information will be kept be used to determine your dependency status for financial aid
family circumstances described in	m <u>three</u> professionals within the community verifying the your personal explanation. Professionals include guidance ters or professors, doctors, family counselors, mental health at personnel.
Attach a copy of a rent receipt, leabill in your name.	ase agreement, etc. and, if appropriate a copy of utility/BGE
Please provide all income and support	received in 2019:
 Wages and earnings In-kind* support amount TCA or other welfare benefits Social Security Child Support Other Untaxed Income 	\$
*In-kind support is any financial support documentation from the source of the amount	t received from another individual or resource. Please provide ount received in 2019.
knowledge. If asked by an authorized of given on this form. If I do not provide p	ion on this form is true and complete to the best of my fficial, I agree to give proof of the information that I have proof when asked, my application will not be processed. Cantee that completion of the Dependency Override Incial aid.
Student Signature:	Date:

Scanned by _____ Date ____