



2022-2023 Dependency Override

2223 DEPOVB

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

Student's Name: _____ H ID # _____

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:

<input type="checkbox"/> Since I turned age 13, both of my parents were deceased (provide death certificates)	<input type="checkbox"/> I am married	<input type="checkbox"/> I was born before Jan 1, 1999
<input type="checkbox"/> I have been legally emancipated from my parents (Court Ordered Emancipated Minor)	<input type="checkbox"/> I have children and I provide more than half of their support	<input type="checkbox"/> I am serving active duty or am a veteran of the U.S. Armed Forces
<input type="checkbox"/> I was in foster care, dependent/ward of the courts at some point since turning age 13	<input type="checkbox"/> I have dependents (other than my children or spouse) who live with me and I provide more than half of their support	<input type="checkbox"/> I will be working on a Master's or Doctorate program (e.g., MA, MBA, MD, JD, PhD, EdD, graduate certificate)
<input type="checkbox"/> I am currently, or I was in Court Ordered Legal Guardianship (provide court order)	<input type="checkbox"/> I am homeless or I am at risk of being homeless (must be verified)	

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.

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 FAFSA 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

Part I:

Please Provide ALL of the following documents. They are necessary to request a Dependency Override:

_____ Complete the 2022-2023 paper FAFSA

(DO NOT SUBMIT TO THE DEPARTMENT OF EDUCATION)

_____ Independent Verification Worksheet

_____ Personal letter of explanation of how you came to support yourself and over what time period you have done this. You must also describe the events in your family which led up to your current separation from them. If you are receiving support from friends or relatives, you must describe the nature of that support and how you came to receive it. Provide any and all information which you feel will help to outline your situation. All information will be kept strictly confidential and will only be used to determine your dependency status for financial aid application purposes.

_____ Attach letters (**on letterhead**) from **three** professionals within the community verifying the family circumstances described in your personal explanation. Professionals include guidance counselors, clergy members, teachers or professors, doctors, family counselors, mental health professionals, and law enforcement personnel.

_____ Copy of current pay stub

_____ Attach a copy of a rent receipt, lease agreement, etc. and, if appropriate a copy of utility/BGE bill in your name.

Part II: Answer ALL the following questions:

1. Did anyone claim you on their 2020 tax return: Yes or No

- If yes who claimed you and what is the relationship _____

2. Did anyone claim you on their 2021 tax return: Yes or No.

- If yes who claimed you and what is the relationship _____

3. If after 1/31/23 Did anyone claim you on their 2022 tax return: Yes or No.

- If yes who claimed you and what is the relationship _____

4. Did you file a 2020 tax return? Yes or No

- If yes please provide a signed copy of your tax return.

5. Did you file a 2021 tax return? Yes or No

- If yes please provide a signed copy of your tax return.

6. If After 1/31/2023 did you or will you be filing a 2022 tax return? Yes or No

- If yes please provide a signed copy of your tax return.

7. When was the last time you had contact with parent(s)? _____

8. How often do you have contact with your parent(s)? _____

9. When was the last time you received any support from parent(s)? _____

Please include your most up to date information that you have for your parents:

	Parent 1	Parent 2
Full Name:		
Date of Birth:		
Current Marital status:		
Current address:		
Dates:	Since:	Since:
Previous address:		
Dates:	From: To:	From: To:

7. Are you claimed as a dependent on you parent’s health insurance? Do you carry your own health insurance? _____

8. If your parents have mental health or substance abuse problems, or if you experienced parental neglect or abuse and you already have any relevant documentation of these circumstances from Social Services statements, police reports, or court documents, please provide copies of that documentation.

9. Are you currently living with any family members that are providing support for you? Please provide the names and relationships _____

A. List your addresses since the age of 13 or since you moved out of your parent(s)’ home. Include your relationship to the people who owned or rented the property (parents, aunt, self, friend, etc.) and the dates you lived at each address.

	Your address	Your relationship to the renter/owner	From: (Month/Year)	To: (Month/Year)
Current:				
Previous:				
Previous:				

Part IV:

Fill in what your monthly income and expenses are projected to be. Do NOT leave any column blank

Type of income	Monthly Gross amount	Source
Income Earned from working	\$	
Unemployment compensation	\$	
Social Security benefits	\$	
Child support received	\$	
Public Assistance/ TANF	\$	
Tax exempt interest income	\$	
Other income and Benefits	\$	
Cash support	\$	

Monthly expenses	Cost(monthly)	Who is paying this bill?	When was that last time this bill was paid?
Housing	\$		
Utilities	\$		
Phone	\$		
Transportation/ Gas	\$		
Car insurance	\$		
Clothing	\$		
Medical/health insurance	\$		
Education	\$		
Other	\$		

***In-kind support** is any financial support received from another individual or resource. Please provide documentation from the source of the amount received in 2020

CERTIFICATION: All of the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. If I do not provide proof when asked, my application will not be processed. Also, I understand that there is no guarantee that completion of the Dependency Override Review will result in an increase of financial aid.

Certification Statement:

- I understand that if I disclose information regarding current or previous childhood abuse or neglect, state law requires HCC staff to report the information to Maryland's Office of Child Protective Services even if the events occurred years ago.
- I understand that if I purposely give false or misleading information on this form or in my supporting documentation, I will be committing a Federal crime and could be fined up to \$20,000, sent to prison, or both.
- I understand that if my situation changes and I move back in with my parent(s), or begin receiving financial support from them, I must immediately report this information to the HCC Financial Aid Office.

* 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.

Student Signature: _____ Date: _____