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| Student Name: | ctcLink ID: |
| Address: | |
| City, State, Zip: | Birth Date: |
| E-mail Address: | Phone Number: |
| Father's Name, Address, Phone (if known): (include city/state/zip) | |
| Mother's Name, Address, Phone (if known): (include city/state/zip) | |

Background Information:

The Higher Education Act allows a financial aid administrator to make dependency overrides (declare an otherwise dependent student to be independent) due to unusual circumstances and/or to declare a student to be independent due to being homeless or at risk for being homeless on a case-by-case basis.

This petition form is provided to assist students who feel that their situation merits a professional review of their unusual circumstance by a financial aid administrator.

None of the following conditions listed below, singly or in combination, qualify as unusual circumstances meriting a dependency override:

- Parents refuse to contribute to the student's education;
- Parents are unwilling to provide information on the FAFSA or for verification;
- Parents do not claim the student as a dependent for income tax purposes;
- Student demonstrates total self-sufficiency.

Unusual circumstances **do include** an abusive family environment or abandonment by parents.

Instructions for Completing a Petition:

- Signed** petition form.
- Complete your FAFSA online and submit without parent's information.
- A written, **signed** statement from you which describes your situation and includes:
 - 1 Detailed description of your situation including where you are living, with who you are living, and how long you have been at this location. If you and your parents are estranged, briefly describe the nature and cause of the estrangement and the estimated date of when this occurred.
 - 2 When, where and under what circumstances you last had contact with your parents.
 - 3 Briefly describe how you have been supporting yourself and for how long.
- Signed**, original statements from **at least two** adults who are aware of your situation and can support your statement. At least one of these statements should be from an independent professional third party (such as a teacher, counselor or member of the clergy).

Decision Process:

Petitions are reviewed by the Director of Financial Aid. Please be aware that this review process may take 6 to 8 weeks. Decision is final and cannot be appealed.

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| Certification Section: | |
| <input type="checkbox"/> Request for dependency override | <input type="checkbox"/> Homeless or at risk to be Homeless |
| I certify that the facts presented with this petition are true and correct. | |
| Signature | Date |

PLEASE NOTE: We cannot accept documents via email due to sensitivity of the information.

| OFFICE USE ONLY | |
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