



2020-2021 Professional Judgement Dependency Overrides

Student Name: _____ ID#: _____ Phone#: _____

PLEASE READ CAREFULLY BEFORE COMPLETING THIS FORM

If you feel there are extenuating circumstances, which might warrant you being considered independent of your parents, you do not need to provide parental information when filling out the FAFSA. Your school will receive an incomplete Student Aid Report (SAR) and will be asking you for documentation to support your claim. By petitioning, you are asking us to relieve your parents of the responsibility for using their resources to pay part of your college costs. Only very extenuating circumstances will make it reasonable to approve such a petition.

None of the conditions listed below qualify as unusual circumstances meriting a dependency override:

- 1. Parents refuse to contribute to the student’s education;
- 2. Parents (includes step-parents) are unwilling to provide information on the FAFSA or for verification;
- 3. Parents do not claim the student as a dependent for income tax purposes;
- 4. Student demonstrates total self-sufficiency;
- 5. Parents live in another country
- 6. Students not living with their parents does not automatically qualify for a dependency override.

Examples of Unusual circumstances can include:

- 1. An abusive family environment that threatens the student’s health or safety.
- 2. Abandonment by parents
- 3. Parents are incarcerated

STEP 1: Complete the 2019-2020 FAFSA at www.fafsa.gov

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STEP 2: Indicate with your initials whether you are requesting a dependency override for the first time, or are requesting a renewal of a previously granted dependency override.

____ NEW REQUEST FOR INDEPENDENT STATUS CHECKLIST

If this is your first time submitting a dependency override request, **you must submit all items listed below. We will not process a request without all required documentation.** Please note that additional documentation may be requested.

1. Letter 1- Student

A detailed letter from you explaining your extenuating circumstances making you independent due to your current relationship with your parents. The letter must specify name of your parents, the reasons that you don’t have contact with your parents, when you last had contact with them (this include holidays and birthdays), why you cannot obtain information and support from them, with who are you living with, how do you support yourself or who has supported you financially? Statement must have student’s signature.



2. **Letter 2- Relative or Friend**

A detailed letter from a friend or relative that can attest and describe your extenuating circumstances. Statement should explain name of the parents, what are the reasons that student doesn't have contact with parents, last time that student had contact with parents, why student can't obtain information and support from parents, relationship to student, how long does this person know the student (add dates), with who is he/she living with and who supports the student financially. **(Statement must include a telephone number and signature of the individual writing the supporting statement).**

3. **Letter 3- Letter from a Professional**

A detailed letter from a professional not related to the student such as doctor, teacher, minister, social worker, psychologist, or high school counselor who can document your extenuating circumstances. Statement should explain about both parents. **(Must use official letterhead or stationery for the organization and include telephone number and signature of the individual writing the supporting statement).**

4. Attach any relevant documentation that you think may support your petition (police reports, court reports, death certificates, etc.)
5. Documentation of where you have lived since January 2018 (e.g., signed lease agreements, housing contract, statement from person providing housing and relationship to you).
6. A signed copy of your 2018 Federal Income Tax Return or a 2018 Letter of Non-Filing from IRS office.
7. Verification documents- 20/21 Household Form, 20/21 Dislocated Worker, 20/21 Non- Tax Filer Form-Student and 20/21 Asset Form-Student. **Additional documentation may be required after initial review.**

_____ RENEWAL REQUEST FOR INDEPENDENT STATUS CHECKLIST

If you were granted a dependency override in 2019-2020, **you must submit all items listed below. We will not process a request without all required documentation.** Please note that additional documentation may be requested.

1. **Letter 1- Student**

A detailed letter from you explaining your extenuating circumstances making you independent due to your current relationship with your parents. The letter must specify name of your parents, the reasons that you don't have contact with your parents, when you last had contact with them (this include holidays and birthdays), why you cannot obtain information and support from them, with who are you living with, how do you support yourself or who has supported you financially? **Statement must have student's signature.**

2. **Letter 2- Relative or Friend**

A detailed letter from a friend or relative that can attest and describe your extenuating circumstances. Statement should explain name of the parents, what are the reasons that student doesn't have contact with parents, last time that student had contact with parents, why student can't obtain information and support from parents, relationship to student, how long does this person know the student (add dates), with who is he/she living with and who supports the student financially. **(Statement must include a telephone number and signature of the individual writing the supporting statement).**

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6. Verification documents- 20/21 Household Form, 20/21 Dislocated Worker, 20/21 Non- Tax Filer Form-Student and 20/21 Asset Form-Student. Additional documentation may be required after initial review.

STEP 3: The following requested information is used in our office to review student’s petition for independent status. Even though you might meet all guidelines, it does not guarantee status will be changed to “Independent”.

Make sure you complete every section if not it will be consider INCOMPLETE.

Parents and Student Information

Parent 1 Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Do you have contact with parent 1? No Yes

When was the last time that you had contact? _____

Did you live with Parent 1 during 2018? No Yes

When was the last day that you lived with parent 1? _____

Parent 2 Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Do you have contact with parent 2? No Yes

When was the last time that you had contact? _____

Did you live with Parent 2 during 2018? No Yes

When was the last day that you lived with parent 1? _____

Student complete current permanent address (address, city and state): _____

Since when have you lived at this address? _____/_____/_____ (month, day and year)

Whom do you live with (name and relationship): _____

Reason for Dependency Override Petition

Please select all that applies to you. You must provide documentation.

Incarcerated Parent (s) Parent 1 Parent 2

Abuse Parent 1 Parent 2

Parental Abandonment Parent 1 Parent 2

Custodial Parent Deceased

Name of the deceased parent: _____ Date of death: _____

Other _____



- 1. Do you receive or have you received financial support from your parents in the past year (such as monetary gifts, payments of bills, cash for personal expenses, etc.)?
2. When did you stop receiving support?
3. Did your parent(s) claim you on their Federal Tax Return for 2018?
4. Did you work on 2018?
5. Did your parent(s) provide your health insurance for 2018?

Complete the table below. If an item does not pertain to you, write N/A for the amounts. Please do not leave anything blank or form will be returned.

MEANS OF SUPPORT FOR 2018

Table with 2 columns: Support Category, Amount (\$). Rows include Wages, Self-Employment, Worker's Compensation, Unemployment Benefits, Housing Section B, Food Stamps, Military Benefits, Disability Benefits, Social Security Benefits, Other Income, Assistance from family members.

Monthly Expenses

Table with 3 columns: Expense, Monthly Amount, Resource (who pays for the expense). Rows include Rent/Mortgage, Utilities, Cell Phone, Car Payment, Health Insurance, Other Personal Expenses, Total.

I understand that the financial aid office may request additional documentation. I further understand that my financial aid will remain incomplete until all necessary documents are submitted.

By signing this form, I certify that all information reported on this form is complete and correct to the best of my knowledge. I authorize the Financial Aid Office at TSC to make corrections necessary to resolve any discrepancies found.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student Signature: _____ Date: _____

Please submit documents to: TSC Financial Aid Office, Oliveira Student Services Center, 80 Fort Brown, Brownsville, Texas 78520. Fax: (956) 295-3621. Email: financialaid@tsc.edu. Electronic signatures and photocopies will not be accepted.

For office use only: ___ Approved ___ Denied. Comments: _____

Financial Aid Officer: _____ Date: _____

For office use only: Received by _____