

LAST NAME	FIRST NAME	STUDENT ID #	DATE OF BIRTH	PHONE NUMBER
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The Federal Government's philosophy for receiving financial aid is that a student's family has the primary responsibility for paying a dependent student's educational expenses. The Higher Education Act allows the Financial Aid Office to make a dependency override on a case-by-case basis for students with unusual circumstances. If the Financial Aid Office judges that an override is appropriate, the student must document the unusual circumstances. **INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

SECTION 1: You are automatically considered independent if you can answer "Yes" to any of the following questions and do not need to submit this form. If you answer "No" to all of these questions, proceed to Section 2.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you born before January 1, 1998?
<input type="checkbox"/> Yes <input type="checkbox"/> No	As of the day you submitted the FAFSA were you married? (Also answer "Yes" if you are separated but not divorced.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a veteran of the U.S. Armed Forces?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you now have or will you have children who will receive more than half of their support from you between 7/01/2021 & 6/30/2022?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2022?

SECTION 2: You may be independent if any of the following questions apply; however, you are required to submit required documentation to support your answer. If you answer "No" to all of these questions, proceed to Section 3.

<input type="checkbox"/> Yes <input type="checkbox"/> No	At any time since you turned age 13, were both your parents deceased, were you in foster care or were you a dependent or ward of the court?	Provide death certificates for your parents; or, provide court documents regarding foster care &/or status as a dependent or ward of the court.
<input type="checkbox"/> Yes <input type="checkbox"/> No	As determined by a court in your state of legal residence, are you or were you an emancipated minor?	Provide Court Documentation.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does someone other than your parent or stepparent have legal guardianship of you, as determined by a court in your state of legal residence?	Provide Court Documentation.
<input type="checkbox"/> Yes <input type="checkbox"/> No	At any time on or after July 1, 2020, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?	Provide a letter from your school district's homeless liaison.
<input type="checkbox"/> Yes <input type="checkbox"/> No	At any time on or after July 1, 2020, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?	Provide letter from the director of the program.
<input type="checkbox"/> Yes <input type="checkbox"/> No	At any time on or after July 1, 2020, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?	Provide letter from the director of the program.

SECTION 3: Check the reason that best describes your situation, then continue to Section 4

<input type="checkbox"/>	I have been separated from my parents due to an unsafe home environment (due to verbal, physical, or emotional abuse, or drug/alcohol abuse, etc.)
<input type="checkbox"/>	I have been separated from my parents due to unusual circumstances (abandonment by parents, student unable to locate parents, etc.)
<input type="checkbox"/>	Since completing the 2021-22 FAFSA, my marital status has changed from single to married. I'm requesting an update to my 2021-22 FAFSA to reflect more accurately my ability to pay my educational expenses. Submit a copy of your marriage license, 2021-22 Verification Worksheet, and you and your spouses 2019 Federal Tax Return. Continue to section 6.
<input type="checkbox"/>	If your custodial parent has died and, while your other parent is still living, you neither have contact with, nor have received any financial aid support from the living parent for a significant length of time, complete Section 5, on the following page.

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

- Parents refusal to contribute to the student's education
- Parents are unwilling to provide information on the application or for verification
- Parents do not claim the student as a dependent for income tax purposes
- Student demonstrates total self-sufficiency (e.g., *not living at home with parents, providing for his/her own financial support*)

If, however, there is an unintentional, involuntary, and uncontrollable break in the relationship between parents and student, as listed above, Three Rivers may be able to consider the student independent for financial aid purposes. Continue to Section 4.

Three Rivers College is an equal opportunity institution that commits itself to the policy that there will be no unlawful discrimination against any person because of race, color, gender, sexual orientation, religion, age, disability, or national origin.

SECTION 4: Provide the following documentation, then proceed to Section 6.

A detailed typed letter from you explaining the unusual situation that warrants dependency override request. Please include the following information in your request.

- Name and location of your parents;
- The last time you had contact with each of your parents - when, where, and the nature of the contact;
- Why you cannot obtain parental information;
- Where and with whom you have been living;

A letter **on official letterhead** explaining the situation in detail from a professional third party (such as a minister, social worker, psychologist, high school counselor or teacher, physician, and/or other counseling professional).

- A letter from two different witnesses stating why independent status should be granted (**may not be friends or family**). Notarized letters preferred.
- Police reports.
- Court reports.
- Documentation from a social agency.

- The 2021-22 Verification Worksheet (attached) and all necessary documents, including but not limited to a copy of your 2019 Federal Tax Return. If requesting independent status due to becoming married, include you and your spouses information, (2019 Tax Return).

- Completed 2021-22 Free Application for Federal Student Aid at www.FAFSA.gov. (Three Rivers College will update your FAFSA if this request is approved. If this request is denied, you must resubmit the FAFSA with your parent(s)' information.)

SECTION 5: If your custodial parent has died:

If your custodial parent died and while your other natural parent is still living you neither have contact with nor have received any financial support from the living parent for a significant length of time. Provide the following documentation:

- A detailed typed letter from you explaining the situation.
- A copy of the death certificate for the deceased custodial parent,
- Documentation of the custodial relationship (for example: a court document, a copy of the divorce decree, birth certificate, or other strong evidence that the deceased was the custodial parent), AND
- A letter from an objective third party (Preferably someone other than a relative or a friend) which supports the student's claim that the student has not lived with nor had contact with or received financial support from the non-custodial parent for a significant length of time.

SECTION 6: Certification Statement

Return this application, with your personal letter of explanation and documentation, to the Three Rivers College Financial Aid Office. Any statements provided must be typed or neatly written on letter sized paper, signed, & dated. Documentation is critical to the dependency override process. The documentation must support, and include the reason for, the decision and should in almost all cases originate from a third party with knowledge of the unusual circumstances of the student. You may be asked for additional documentation to better understand your request. You will be notified of the results by email.

Signing this form certifies that all the information contained on this form and the attached documentation submitted is complete and correct. If I purposely give false or misleading information, I may be fined, sentenced to jail, or both.

STUDENT
SIGNATURE

DATE

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Submit to the Financial Aid Office in-person, at your campus, or via the email, fax, or mailing address listed at the bottom of this page within 30 days after notification. If more space is needed for any line item on this form, provide a separate page that includes the student's name and ID number at the top.

SECTION 1 -- NUMBER OF HOUSEHOLD MEMBERS & STUDENT STATUS

INSTRUCTIONS FOR *INDEPENDENT* STUDENTS:

List below the people in the student's household. Include:

- § The **student** & if the student is married, the **student's spouse**.
- § The **student's or spouse's children** if the student or spouse will provide more than half of the children's support from July 1, 2021 through June 30, 2022, even if the child does not live with the student.
- § **Other people** if they now live with the student and the student or spouse provides more than half of the other person's support and will continue to provide more than half of that person's support between July 1, 2021 through June 30, 2022.

FIRST NAME	M.I.	LAST NAME	AGE	RELATIONSHIP	Will be enrolled at least Half Time in College? (Yes or No)*	COLLEGE NAME (if applicable)

*Are or will be attending an eligible post-secondary educational institution as at least a half-time student in the 2021-22 award year in a program that leads to a degree or certificate.

SECTION 2 -- TAXES (Complete *ONE* "Option" *EACH* for student and for spouse [if married]).

I FILED A 2019 INCOME TAX RETURN WITH THE IRS AND HAVE...		STUDENT	SPOUSE (if married)
Option 1	SUBMITTED A 2019 IRS TAX RETURN TO THE FINANCIAL AID OFFICE	<input type="checkbox"/>	<input type="checkbox"/>
Option 2	USED THE IRS DATA RETRIEVAL TOOL (DRT) to "link" taxes into the FAFSA	<input type="checkbox"/>	<input type="checkbox"/>
	LIST THE DATE YOU USED THE TOOL		
I WILL NOT FILE & AM NOT REQ'D TO FILE A 2019 INCOME TAX RETURN WITH THE IRS (INDEPENDENT STUDENTS AND SPOUSE [if married] MUST PROVIDE 2019 IRS VERIFICATION OF NON-FILER LETTER FOR OPTIONS 3 AND 4).		STUDENT	SPOUSE (if married)
Option 3	WAS <i>NOT</i> EMPLOYED and had no income earned from work in 2019 (check box to right) Independent students and Spouse [if married] MUST SUBMIT 2019 IRS VERIFICATION OF NON-FILER LETTER.	<input type="checkbox"/>	<input type="checkbox"/>
Option 4	WAS EMPLOYED in 2019. (Check boxes to right & complete section below). Independent students and spouse [if married] MUST SUBMIT 2019 IRS VERIFICATION OF NON-FILER LETTER.	<input type="checkbox"/>	<input type="checkbox"/>
	I have listed below the names of all employers & the amount earned from each in 2019	<input type="checkbox"/>	<input type="checkbox"/>
	I have provided & attached copies of all 2019 IRS W-2 forms issued to me by employers	<input type="checkbox"/>	<input type="checkbox"/>
	STUDENT AND SPOUSE [if married] 2019 INCOME FROM WORK List every employer, even if the employer didn't issue an IRS W-2 form.		Attached W-2?
Source:	\$	<input type="checkbox"/>	
Source:	\$	<input type="checkbox"/>	
Source:	\$	<input type="checkbox"/>	
Source:	\$	<input type="checkbox"/>	
Total Amount of Income Earned from Work		\$	<input type="checkbox"/>

Certification & Signature: EACH PERSON SIGNING CERTIFIES THAT ALL OF THE INFORMATION REPORTED IS COMPLETE & CORRECT	X	STUDENT SIGNATURE _____	DATE _____	X	SPOUSE SIGNATURE <i>if married</i> _____	DATE _____
	Warning: If you purposely give false or misleading information you may be fined, be sentenced to prison, or both.					

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