

# SOUTHWEST

## TENNESSEE COMMUNITY COLLEGE

### 2019-2020 DEPENDENCY OVERRIDE APPEAL

**After November 30, 2019, a dependency override for students that filed a tax return will not be considered until the 2019 tax transcripts and W-2 forms are received.**

The federal government has established the criteria for determining the dependency status of financial aid applicants. If you were required to answer “no” to questions regarding dependency in Step Three of the 2019-2020 FAFSA (Free Application for Federal Student Aid), you are considered a dependent student and must include parents’ income on your application.

The U.S. Department of Education does allow financial aid administrators to use professional judgment in cases where extenuating circumstances prevent a student from being able to provide parental information on the FAFSA, commonly referred to as a dependency status appeal or override. Some situations that may merit appeal include:

- Physical or emotional abuse
- Parental mental incapacity
- Abandonment
- Another situation beyond your control
- Parental drug abuse

Dependency Overrides are limited to cases of abuse or abandonment. Self-sufficiency or unwillingness on the part of your parent(s)/stepparent(s) to assist you financially is not a basis for an appeal in the absence of extenuating circumstances. The Department of Education has identified four conditions that, individually or in combination with one another, do not qualify as “extenuating circumstances” or that do not merit a dependency override. Those circumstances are:

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

The law requires that a determination of extenuating circumstances be made each award year. A determination of independence in one award year does not automatically mean a student would be deemed independent in another year. Also, a dependency override at one school may not automatically warrant independent status at another school.

Students should be aware that a school is not required to perform dependency overrides, and if the financial aid administrator determines that an override is not appropriate, the decision cannot be appealed to the U.S. Department of Education.

#### **Procedures for appeal:**

1. Complete 2019-2020 FAFSA.
2. Complete the attached Dependency Override Appeal Form and Income and Expense Form.
3. Write a personal statement in which you explain the extenuating circumstances that exists in your family. Make sure your statement is complete and specific.
4. Submit copies of your 2017 federal income tax transcript. If your income was less than \$7,500, include in your statement an explanation telling how you lived on a low income.
5. Provide statements from at least two professional adults who are familiar with and can verify the circumstance. Professional adults would include teachers, clergy, guidance counselors, law enforcement officials, social workers, or doctors. The statements must be signed, and if not on letterhead, statements must be notarized.

Upon receipt of your documentation, it may be necessary to request additional information to clarify or supplement information already submitted. You will be notified if additional documentation is needed. Feel free to contact Southwest Tennessee Community College Financial Aid Office if you have any additional questions.

## Biographical Information

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Telephone \_\_\_\_\_

Address \_\_\_\_\_

*City*

*State*

*ZIP Code*

Names(s) of Parents(s) \_\_\_\_\_

Parent(s) Address \_\_\_\_\_

*City*

*State*

*ZIP Code*

## Employment Information

Current Employer \_\_\_\_\_ Date of Employment \_\_\_\_\_

Address \_\_\_\_\_

*City*

*State*

*ZIP Code*

\*If you currently have more than one employer, attach a separate sheet of paper.

Do you have any untaxed income? (Social Security, welfare benefits, worker's compensation, etc)

Yes  No Source \_\_\_\_\_ Amount per month \$ \_\_\_\_\_

## Miscellaneous Information

Do you drive a car?  Yes  No

Is Auto Insurance in your name or your parents' name?  My name (independent)  Parents' name (dependent)

Name of insurance company \_\_\_\_\_ Insurance policy # \_\_\_\_\_

Do you rent/lease a house or apartment?  Yes  No

Amount paid monthly for housing \$ \_\_\_\_\_

If "yes," name on rental agreement or lease \_\_\_\_\_

If the answer is "no," where you are residing? \_\_\_\_\_

If "no," tell us on a separate sheet of paper how (by what means) you live.

When was your last date of contact with your mother? \_\_\_\_\_ father? \_\_\_\_\_

I certify that all information furnished on this form, including personal statements and documentation, is true to the best of my knowledge. I further understand that if I am found to have intentionally provided any false or misleading information or documentation, my appeal will be denied and could affect my eligibility for future financial aid.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

# Income and Expense Form

**All students applying for a dependency appeal must submit the following information:**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

<b>Income</b>	
<b>Estimated monthly income and benefits for year 2017</b>	
Estimated earned income (wages, salaries, tips)	\$ _____
Untaxed income (Social Security, disability, unemployment, etc.)	\$ _____
Child support	\$ _____
Welfare Benefits including TANF	\$ _____
Food Stamps and/or WIC	\$ _____
Rent and/or Utility Subsidy	\$ _____
Other	\$ _____
<b>TOTAL</b>	\$ _____
<b>Expenses</b>	
Estimated monthly expenses:	\$ _____
Housing (rent/mortgage)	\$ _____
Average Utilities (electric, water, phone, etc.)	\$ _____
Insurance (auto and health)	\$ _____
Car payment	\$ _____
Other transportation expenses (fuel and maintenance)	\$ _____
Food	\$ _____
Clothing	\$ _____
Miscellaneous (medical expenses, entertainment, etc.)	\$ _____
<b>Total</b>	\$ _____

**FOR FINANCIAL AID OFFICE USE ONLY**

Date received \_\_\_\_\_  Approved  Denied

Financial Aid Office signature \_\_\_\_\_

