



**2021-2022
Request for Dependency Override**

You are requesting that the Beaufort County Financial Aid Office consider you as an Independent Student for federal student aid purposes.

Please complete this form and provide the following documentation:

- **A personal letter describing the reasons why you believe you should be considered as an independent student.** The letter should provide as much detail as possible describing your relationship to your parent(s) and your unusual circumstances. In your letter please address the following:
 - Why you cannot provide parental financial information on the 2021-2022 Free Application for Federal Student Aid (FAFSA).
 - The last time (preferably the approximate month and year) you had contact with your biological parents. Describe the nature of your last contact. Where are your parents living?
 - How have you supported yourself?
 - Your living arrangements the past two (2) years. Have you lived with anyone the past two years? His/her relationship to you?
 - Other supporting documentation
- **Letters from two individuals who can attest to your situation.** The letters should be no more than one page and describe your relationship to your parent(s).
 - The letters should be from professional individuals not related to you i.e.: a counselor, a social worker, a clergy member, law enforcement official, etc.
 - Each letter must include the individual's name, title or position, relationship to you, and address. The letter **must be signed on official business letterhead.**
 - The individuals cannot be related to each other.
- **A completed and signed 2021-2022 Free Application for Federal Student Aid (FAFSA)** leaving the parent section blank.
 - Complete the 2021-2022 Independent Household Form
 - Provide copies of your 2019 & 2020 federal tax returns
 - A copy of your lease/rental agreement

Submit all documentation to the Office of Student Financial Aid and complete back of this form.

Please print clearly. Do not leave any item blank.

Student Name: _____ Student ID: _____

1. Did anyone claim you on their 2019 Federal Income Tax Return? Yes No

If yes, list person's name and relationship to you:

Name: _____ Relation: _____

2. Did anyone claim you on their 2020 Federal Income Tax Return? Yes No

If yes, list person's name and relationship to you:

Name: _____ Relation: _____

3. Did you receive AFDC/TANF (welfare), SSI (disability), or Social Security benefits in 2019? Yes No

If yes, Source: _____

Amount per month: _____

Total amount for 2019: _____

4. Provide the following information about your expenses **PER MONTH** in 2019-2020. If you did not have any expenses, please tell us why.

Expenses	2019	2020
1. Housing (rent, mortgage)	\$	\$
2. Child Care	\$	\$
3. Food	\$	\$
4. Utilities	\$	\$
5. Credit Card(s)	\$	\$
6. Medical/Dental	\$	\$
7. Clothing	\$	\$
8. Auto (car payments, insurance, maintenance)	\$	\$
9. Other personal expenses	\$	\$
10. Total Month Expenses/Support	\$	\$
11. Total Yearly Expenses/Support (line 10 X 12 months)	\$	\$

Certification and Signature

By signing below, I certify that all of the information reported on this form and any documentation provided is complete and correct.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student Signature

Date

Phone Number

OFFICE USE ONLY

Comments:

Approved Denied

Financial Aid Administrator Signature

Date

Dependency Override