



BEAUFORT

COUNTY COMMUNITY COLLEGE
Office of Financial Aid

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2024-2025

Dependency Override Request

You are requesting that the Beaufort County Financial Aid Office consider you as an Independent Student for federal student aid purposes. A dependency override may be considered for an otherwise dependent FAFSA applicant if one or more of the following conditions exist and are documented by the applicant:

1. An emotionally or physically abusive, unhealthy, or unsafe family environment exists
2. Abandonment or neglect of the student by the parent(s) have occurred
3. The custodial parent(s) is incarcerated
4. The student has been removed from the parent(s) residence by court order
5. Other unusual or extraordinary circumstances, events or incidents, particularly ones related to any of the seven automatic conditions for independency listed on the FAFSA

A dependency override **CANNOT** be approved for an otherwise dependent financial aid (FAFSA) applicant if the following conditions are the only circumstances cited by the applicant:

1. The student claims financial self-sufficiency
2. A parent is UNWILLING to contribute financially toward the student's educational and living expenses
3. A parent is UNWILLING to provide information required on the student's FAFSA or to assist in completing the verification process, and/or
4. A parent DOES NOT claim the student as a federal income tax exemption

Please complete this form and provide the following documents:

1. Personal Statement

Please provide a personal statement 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 circumstances and relationship to your biological parent(s). In your letter, please address the following:

- Why you cannot provide parental financial information on the 2024-2025 FAFSA
- The last time (preferably the approximate month and year) you had contact with your biological parents. Describe the nature of your last contact.
- 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

2. Two Signed Letters of Support

Please provide statements from two adult professionals, who are not family members, that can verify the family circumstances described in your personal statement. Adult professionals include clergy members, attorneys, school guidance counselors, medical doctors, mental health professionals, law enforcement officers, Department of Social Services, and officers of the court, etc. Letters **MUST be signed on a business letterhead** with a professional title specified. Contact information (phone number/email) for the person signing the statement must be provided.

Please print clearly. Do not leave any item blank.

1. Did anyone claim you on their 2022 Federal Income Tax Return? ☐ Yes ☐ No

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

Name: _____ Relation: _____

Student Name: _____

Student ID: _____

2. Did anyone claim you on their 2022 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 2022? ☐ Yes ☐ No

If yes, source: _____

Amount per month: _____

Total amount for 2022: _____

4. Provide the following information about your expenses **PER MONTH** in 2022-2023. If you did not have any expenses, please tell us why.

Expenses	2022	2023
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's Signature (Required)

Date

Phone Number

OFFICE USE ONLY

Comments: _____

☐ Approved ☐ Denied

FA Administrator Signature (Required)

Date