The Financial Aid Office is required by federal law to obtain parent information to calculate an official expected parental contribution for students, but may do Dependency Overrides on a case-by-case basis for students with unusual circumstances.

**Unusual Circumstances Examples** may include the following conditions:

- Parent(s) are incarcerated
- The Custodial Parent has died and the other natural parent is still living
- The student has been physically, sexually, emotionally or mentally abused by an immediate family member
- The student is a political refugee

**Any situation that is/was a result of choice other than a necessity would not be considered for review.**

Please explain your unusual circumstances. Tell us why your situation calls for an override to your dependency status. Be sure to include any documentation you have to support your statements. (If you need additional space, attach a written personal statement of explanation.)

I hereby certify that the above statement is true and correct.

Student’s Signature ___________________________ Date ___________________________

**Required Documentation**

- Student’s Statement of Information (Attached)
- Completed 2015-2016 FAFSA application
- V1 Independent Institutional Verification Document
- 2014 IRS income tax return transcripts (if taxes filed)/ 2014 Wage & Income Transcript (if taxes not filed)
- Student’s Statement of Information (Attached)
- Two (2) “Affidavit In Lieu Of Parent Information” from a third party who is at least 25 years old and who has known student a minimum of 2 years. At least one (1) affidavit should be from an impartial party (e.g., clergy, teacher, counselor, social worker) who will verify your situation.

Submit Completed Forms and Documentation To The Financial Aid Office.

FA Only: Approved ____ Denied ____ Pending ____  Staff Signature ______________________ Date: __________
Student’s Statement of Information
2015-2016 Dependency Status Request Form

______________________________________________________          __________________________
Student’s Name                                                                 Hartnell Student I.D. #

Answer the following questions:

Where are your parents currently residing?

Mother’s Address: _________________________________________________________________

Father’s Address: __________________________________________________________________

When was the last time you (give month/year):

 a) Received support from Mother ____________ Father ____________

 b) Lived with Mother ____________ Father ____________

Why are your parents unable to provide support or information?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How have you supported yourself since parental support ended?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

List income and resources ($) used/available to support yourself since parental support ended.

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<td>Other: (list)</td>
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I HEREBY CERTIFY THAT THE INFORMATION LISTED ABOVE IS TRUE AND COMPLETE.

______________________________________________________          __________________________
Student’s Signature                                                                 Date
Affidavit In Lieu of Parents Information
2015-2016 Dependency Status Request Form

Student’s Name __________________________ Hartnell Student I.D. #

The student named above has indicated on their application for federal financial aid that he or she is unable to provide parent information due to unusual circumstances. Please provide information you are aware of that may support the student’s claim.

How long have you known the student? __________________________ (must be a minimum of 2 years)

Please provide a brief statement regarding your knowledge of the student’s family history including their relationship with parents.

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Why is the student unable to provide parent information for financial aid purposes?

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

When was the last time the student…

Received financial support from parents? __________________________ Month/Year

Lived with parents? __________________________ Month/Year

How is the student currently supporting himself/herself?

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Declarant’s Name: __________________________ Age: ________

Contact # __________________________ Relationship to Student: __________________________

Address: __________________________ Phone# __________________________

Occupation: __________________________

I HEREBY CERTIFY THAT THE INFORMATION LISTED ABOVE IS TRUE AND COMPLETE.

__________________________________________          __________________________
Declarant’s Signature                      Date
Affidavit In Lieu of Parents Information
2015-2016 Dependency Status Request Form

Student’s Name ___________________________________________ Hartnell Student I.D. # __________________________

The student named above has indicated on their application for federal financial aid that he or she is unable to provide parent information due to unusual circumstances. Please provide information you are aware of that may support the student’s claim.

How long have you known the student? __________________________ (must be a minimum of 2 years)

Please provide a brief statement regarding your knowledge of the student’s family history including their relationship with parents.

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Why is the student unable to provide parent information for financial aid purposes?

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

When was the last time the student…

Received financial support from parents? __________________________ Month/Year

Lived with parents? __________________________ Month/Year

How is the student currently supporting himself/herself?

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Declarant’s Name: ___________________________________________ Age: __________

Contact # __________________________________________ Relationship to Student: __________

Address: __________________________________________ Phone# __________

Occupation: __________________________________________

I HEREBY CERTIFY THAT THE INFORMATION LISTED ABOVE IS TRUE AND COMPLETE.

Declarant’s Signature __________________________________________ Date __________________________