



OFFICE OF FINANCIAL AID  
2018-2019 Petition for Dependency Status  
Override

Student's Name \_\_\_\_\_ Student ID Number \_\_\_\_\_  
Last First or SSN \_\_\_\_\_

**NOTE: You are automatically considered to be independent and do not need to submit this form if any of the following applies:**

- ✓ You were born before January 1, 1995
- ✓ You were married as of the date you filed your original FAFSA for 2018-2019.
- ✓ You are enrolled in a masters or doctorate program (such as an MA, MBA, MD, JD, PhD, EdD, graduate certificate, etc.)
- ✓ You are currently serving on active duty in the U.S. Armed Forces for purposes other than training.
- ✓ You are a veteran of the U.S. Armed Forces
- ✓ You have children who will receive more than half of their support from you between July 1, 2018 and June 30, 2019.
- ✓ You have dependents (other than your children or spouse) who live with you and receive more than half of their support from you, now through June 30, 2019.
- ✓ At any time since you turned age 13, both of your parents were deceased, you were in foster care or a dependent or ward of the court.
- ✓ As determined by a court in your state of legal residence, you are or were an emancipated minor
- ✓ As determined by a court in your state of legal residence, you are or were in legal guardianship of someone other than your biological parent or stepparent.
- ✓ At any time on or after July 1, 2017, your high school district homeless liaison determined that you were an unaccompanied youth who was homeless.
- ✓ At any time on or after July 1, 2017 the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and urban Development determined that you were an unaccompanied youth who was homeless.
- ✓ At any time after July 1, 2017 the director of a runaway or homeless youth basic center or transitional living program determined that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless.

By Federal Law the following conditions are **not acceptable** for consideration for a Dependency Status Override:

- ✓ Parent's refusal to contribute financially to a student's education or provide data for the FAFSA.
- ✓ Parent's refusal to claim a student as a tax exemption
- ✓ Student's demonstrated self-sufficiency and/or living one one's own.

**NOTE:** For a review of a student's 2018-2019 Petition for Dependency Status Override, **the student must complete and submit page two of this document, signed, along with the Requested Documentation as detailed on next page:**

## COMPLETE BOTH SIDES OF THIS FORM



**2018-2019 Petition for Dependency Status Override**

Student's Name \_\_\_\_\_ Student ID Number \_\_\_\_\_  
Last First or SSN \_\_\_\_\_

**NOTE:** For a review of a student's 2018-2019 Petition for Dependency Status Override, **the student must complete and submit this signed document, along with the Requested Documentation as detailed below:**

\_\_\_\_ 1. Your custodial parent has died and the other natural parent is still living. You however, have neither had contact with nor received any financial support from the living parent for a significant period of time.

**Requested Documentation:**

- ✓ Letter from you explaining the estrangement situation with your parent (s) in detail.
- ✓ A copy of the death certificate for the deceased custodial parent.
- ✓ A letter or statement from an objective third party (legal counsel, counselor, clergy) which supports your claim that you have neither lived with nor received financial support from the non-custodial parent for a significant period of time.

\_\_\_\_ 2. **Your family situation is unsafe.** This is the result of physical abuse, emotional abuse or drug or alcohol abuse.

**Requested Documentation:**

- ✓ A letter from you explaining the unusual circumstance or situation in detail.
- ✓ Two letters (on official letterhead) explaining the situation in detail from separate objective third-party *individuals* such as a minister, social worker, psychologist, high school counselor, teacher, doctor, lawyer or another counseling professional.

\_\_\_\_ 3. **You were previously married and now are divorced/widowed.**

**Requested Documentation:**

- ✓ Copy of divorce decree or death certificate
- ✓ A letter explaining why you believe you should be considered independent.
- ✓ Must show self-sufficiency (income, bills, etc.)

**NOTE:** Please ensure student's name, student ID number and/or social security number appears on all submitted documents requested to complete the signed 2018-2019 Petition for Dependency Status Override. Upon completion please submit all documentation to the address below.

**Student Certification:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Comments: \_\_\_\_\_

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\_\_\_\_\_

DCTC Personnel Signature \_\_\_\_\_ Date \_\_\_\_\_

**COMPLETE BOTH SIDES OF THIS FORM**

DCTC Scholarships & Financial Aid, 1300 145<sup>th</sup> Street East (Co. Rd. 42), Rosemount, MN 55068

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