



**Financial Aid Office**  
[financialaid@rpcc.edu](mailto:financialaid@rpcc.edu)

### Dependency Status Documentation Form

Student Name: \_\_\_\_\_

Student ID Number \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

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Most undergraduates under the age of 24 and/or not married are considered **dependent** for federal financial aid purposes. However, after answering questions in Step 3 on the FAFSA, you are classified as a dependent student and unusual circumstances have caused you to become independent, you may request a **dependency override**. **Dependency Overrides are reviewed each academic year and, on a case, -by-case basis.**

**The following DO NOT QUALIFY as Unusual Circumstances for a Dependency Override Request.**

- 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 students as a dependent for income tax purposes;**
- 4. Students demonstrating total self-sufficiency.**

[Type here]

Student Name \_\_\_\_\_

Student Id Number \_\_\_\_\_

**DEPENDENCY STATUS DOCUMENTATION**

Federal law assumes the family has the primary responsibility for meeting the educational costs of students. Therefore, a student must meet certain federal criteria to qualify for financial aid as an independent student. If you do not meet one of the criteria listed on the FAFSA, you will be evaluated as a dependent student, meaning your parents must provide income and asset information. If there are extraordinary circumstances that may warrant re-evaluation of your dependency status, provide the following information so your financial aid administrator may make this determination. You may be asked for additional documentation depending on your individual situation.

**Attach the following information to this form:**

- ◆ **Letter from you explaining:** (1) Nature of your relationship with your parents; (2) Location of both parents and when you last had contact with them; (3) Why you cannot obtain information and/or support from your parents; and (4) How you have been supporting yourself.
- ◆ **Statement from a responsible adult** who is aware of your situation and can corroborate the facts you present in your letter.
- ◆ **Copies** of your two most recent federal tax returns.

Please complete the following statement of your calendar year income and expenses:

<b>INCOME (If any amounts are zero, please explain on a separate sheet.)</b>	<b>CURRENT CALENDAR YEAR</b>	<b>NEXT CALENDAR YEAR</b>
Earned income (e.g., wages, salaries, tips, work-study earnings)	\$	\$
Financial support received from parents	\$	\$
Monetary value of other support (e.g., health insurance, room and board) received from parents	\$	\$
Monetary value of other support (e.g., room and board) from persons other than parents (indicate source)	\$	\$
Amount of other annual income (indicate source)	\$	\$

Student Name \_\_\_\_\_

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Amount of other annual income (indicate source)	\$	\$
<b>Amount of other annual income (indicate source)</b>	\$	\$
<b>TOTAL</b>	\$	\$

<b>DEPENDENCY STATUS DOCUMENTATION (CONT'D)</b>		
<b>EXPENSES (If any amount is zero, please explain on a separate sheet.)</b>	<b>CURRENT CALENDAR YEAR</b>	<b>NEXT CALENDAR YEAR</b>
Housing	\$	\$
Food	\$	\$
Transportation (e.g., car payments, insurance, gas, maintenance)	\$	\$
Utilities	\$	\$
Child care and/or dependent care	\$	\$
Personal (e.g., clothing, entertainment)	\$	\$
Other (indicate source)	\$	\$
Other (indicate source)	\$	\$
Other (indicate source)	\$	\$
<b>TOTAL</b>	\$	\$

**Student Name** \_\_\_\_\_

**Student Id Number** \_\_\_\_\_

**I certify that the information provided is true and correct.**

**Student's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please note that submitting this form does not guarantee that your request will be approved