

Financial Aid Office
2009-2010 Dependency Override Form

The Office of Financial Aid at Community College of Philadelphia may consider a student under the age of 24 as an Independent student only in **unusual** circumstances. Please submit the documentation requested below for the circumstance causing your appeal

SECTION I: REQUIRED DOCUMENTATION

- A. Three notarized letters from 1) the student; 2) two other parties that can substantiate information provided by the student. Whereabouts of **both** parents must be included in the letters along with the parent's names. Please make sure letters list the last time you had contact with your parents.
- B. Letter from DHS; high school counselor; church official on letterhead supporting student's information
- C. Any court documentation showing custody or guardianship orders.
- D. Death certificate for deceased parent.
- E. A copy of your leasing or rental agreement
- F. Copy of monthly bills (in your name)

Please note the following are situations that are not acceptable reasons for Community College of Philadelphia to grant a Dependency Override:

1. Student is living at home (or with relatives) but paying rent
2. Student has chosen to leave parents and put him/herself through college.
3. Student has a parent or step-parent that refuses to provide information or support.
4. Student's parents reside outside of the United States.

Please Print Clearly

Name _____ J# _____ SS# _____

Date of Birth _____ CCP email address _____

1. Did anyone claim you on their 2008 Federal Income Tax return?
 No
 Yes – Person's name _____ Relationship to you _____
2. Have you previously been approved for a dependency override at CCP (check one)
 No- you must provide all the required documents listed above.
 Yes- you must provide an updated letter stating that your situation is still the same.
- **You must have a completed 2009-2010 FAFSA on file**
- **We need to know what income you had for the 2008 year. If you filed taxes we need the return. If someone else financially supported you we will request you to list a dollar amount of support**

I CERTIFY THAT THE INFORMATION LISTED ON THE FORM AND ALL SUPPORTING DOCUMENTS CONCERNING MY REQUEST FOR A DEPENDENCY OVERRIDE IS CORRECT AND COMPLETE.

STUDENT SIGNATURE DATE: _____

ADMINISTRATOR SIGNATURE DATE: _____

FOR OFFICE USE ONLY

- APPROVED
 DENIED

APPROVED BY DATE