



Office of Student Financial Aid

**C O O**

\_\_\_\_\_  
Last Name                      First Name                      M.I.

\_\_\_\_\_  
BRCTC ID number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number (include area code)

\_\_\_\_\_  
City                                  State                                  Zip Code

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

A student who does not meet the federal criteria for independent status on the Free Application for Federal Student Aid (FAFSA) may submit a Dependency Override Request. The U.S. Department of Education (ED) allows a financial aid administrator to make dependency overrides on a case-by-case basis for students with unusual circumstances.

Please note that **none** of the following conditions qualifies as unusual circumstances:

1. Parents refuse to contribute to your education.
2. Parents are unwilling to provide information on the FAFSA or verification requests.
3. Parents do not claim the student as a dependent for income tax purposes.
4. Student demonstrates total self-sufficiency.

Unusual circumstances do include abusive family environment or abandonment by parents. In addition to this form, third party documentation is required.

All students applying for a Dependency Override are selected for verification and must submit:

- Personal Statement by Student – Attach a typed personal statement that summarizes the nature of the relationship with biological or legally adopted parents, specific dates of events that caused separation from parents, and how you are supporting yourself.
- Personal Statement by two Third Parties – Attach a statement signed and dated by a third party (e.g. teacher, clergy, social worker, police officer) that summarizes your unusual circumstance and knowledge of your relationship with your parents.
- 2018 Federal Tax Return Transcript
- 2020-2021 Independent Verification Worksheet

Report all **income** you have **actually** received from **January 1, 2020 through today**.

**Estimate** all income you **expect** to receive **today through December 31, 2020**.

You must attach documentation of all income, which could include:

Income for January 1, 2020 through December 31, 2020  *wages, salaries, tips, net business/farm income	Actual January 1, 2020 through today	Estimated today through December 31, 2020	Total Actual + Estimated
Expected 2020 income earned from *work by <b>Student</b>	\$	\$	\$
Other taxable income (dividends, interest, pensions, annuities, alimony, unemployment, capital gains, etc.) Source(s):	\$	\$	\$
Social Security Benefits	\$	\$	\$
AFDC/TANF	\$	\$	\$
Other Untaxed Income (earned income credit, worker's comp, IRA/Keogh payments, etc.)  Source:	\$	\$	\$
Total estimated income for 2020	\$	\$	\$

**CERTIFICATION:**

My signature below certifies that the information provided above is true and correct to the best of my knowledge. I understand that the penalty for providing false or misleading information is a fine, prison sentence, or both.

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**Student Signature**

**Date**

**To return this form:**

Mail: Office of Student Financial Aid  
13650 Apple Harvest Drive  
Martinsburg WV 25403  
Fax: 304-260-4376