

2022-2023 Dependency Override Appeal Form

Office of Student Financial Aid

□ 2022-2023 Independent Verification Worksheet

				C O O	
Last Na	me	First Name	M.I.	BRCTC ID number	
Address	5			Phone Number (include area code)	
City		State	Zip Code	Email Address	
(FAFSA) may submit a Do	ependency Overri	ide Request. The U	ndent status on the Free Application for Federal Student Aid I.S. Department of Education (ED) allows a financial aid ase basis for students with unusual circumstances.	
Please	note that <i>none</i> of	f the following co	nditions qualifies as	s unusual circumstances:	
	 Parents are Parents do r 	unwilling to provi	ent as a dependent	the FAFSA or verification requests. t for income tax purposes.	
	al circumstances o arty documentati		e family environme	nt or abandonment by parents. In addition to this form,	
All stud	dents applying for	a Dependency Ov	verride are selected	d 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.				
	2020 Federal Ta	x Return Transcrip	ot (or complete Dat	ta Retrieval Tool through the FAFSA)	

Report all **income** you have **actually** received from **January 1, 2022 through today. Estimate** all income you **expect** to receive **today through December 31, 2022.** You must attach documentation of all income, which could include:

Income for January 1, 2022 through December 31, 2022 *wages, salaries, tips, net business/farm income	Actual January 1, 2022 through today	Estimated today through December 31, 2022	Total Actual + Estimated
Expected 2022 income earned from *work by Student	\$	\$	\$
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 2022	\$	\$	\$

CERTIFICATION:

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

Student Signature	Date

To return this form:

Mail: Office of Student Financial Aid

13650 Apple Harvest Drive Martinsburg WV 25403 Fax: 304-260-4376

Email: finaid@blueridgectc.edu – DO NOT EMAIL TAX DOCUMENTS OR ANYTHING WITH SOCIAL SECURITY NUMBERS