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CAMPUS:      INITIAL: \_\_\_\_\_

**C                  D                  E                  OM**

**2021 – 2022: Dependency Override Renewal Request**

Name: \_\_\_\_\_ CCBC ID: \_\_\_\_\_

If the Community College of Baltimore County (CCBC) Financial Aid Office approved your request for Dependency Override in the 2020-21 school year or a previous year of attendance, you are eligible to have that status re-evaluated by completing a renewal request.

 The following are **NOT** considered extenuating or unusual circumstances as stated by the U.S. Department of Education.

- Parents are unwilling to provide information on the FAFSA application or for verification.
- Student is reluctant to request the income information from parents.
- Parents do not claim the student as a dependent for income tax purposes.
- Student demonstrates total self-sufficiency.
- Student does not wish to communicate with parents.

**COMPLETE ALL SECTIONS. LEAVE NOTHING BLANK.**

**SECTION A: CIRCUMSTANCES**

**1.** With whom do you currently live?


**1a.** Name(s): \_\_\_\_\_

**1b.** Relationship(s): \_\_\_\_\_

**1c.** When did this arrangement begin? \_\_\_\_\_ / \_\_\_\_\_ (month/year)

**2.** Why are no longer living with your biological/adoptive **mother**?

**3.** Why are you no longer living with your biological/adoptive **father**?

*Please note the list of situations at top of page that are not considered extenuating or unusual circumstances. *



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**SECTION C: EXPENSES**

1. Do you receive any of the benefits or assistance from the state or federal government listed below?

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Housing (Housing Choice Voucher Program)?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Utilities (Gas, electric, etc.)?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Food (SNAP, food stamps, etc.)?                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cash Assistance (TCA, TANF, Welfare, etc.)?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Medical Assistance (Priority Partners, Amerigroup)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Explain how the following expenses are met (i.e. current employment, state/federal benefits, family, etc.).  
*You may be asked to provide documentation.*

Housing: \_\_\_\_\_

Food: \_\_\_\_\_

Transportation: \_\_\_\_\_

**SECTION E: ACKNOWLEDGEMENTS & CERTIFICATION**

- I understand all dependency override decisions are made on a case-by-case basis, and this written request does not guarantee approval.
- If requested, I agree to provide further documentation to substantiate this request. Failure to submit all requested documentation will result in denial of the Dependency Override Request.

**Warning: The student signing this worksheet certifies that all the information reported is complete and accurate. If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date