

2019-2020 Dependency Override

Your 2019-2020 FAFSA was selected for review in a process called "Verification." In this process, the financial aid office will compare the information reported on your FAFSA with the information on this form and any other required documentation. The law states that we have the right to ask for confirmation of this information before awarding federal student aid. You and a parent (if applicable) whose information was reported on the FAFSA must sign this form, attach any required documentation, and submit the completed package to the LCC Financial Aid Office. If there are differences between the information reported on your FAFSA and the documents submitted to our office, we will make the necessary corrections. We retain the right to request additional information as needed to complete your file. If you have any questions about the verification process, contact the Financial Aid Office as soon as possible to avoid a delay in processing your request for financial aid.

****Your eligibility for financial aid cannot be determined until the verification process is complete****

Student Name: _____ LCC ID#/Last Four of SSN#: _____

Address: _____ City: _____ State: _____ Zip: _____

All documentation below is required for each academic year even if a Dependency Override has been granted in the past.

1. A personal letter of appeal explaining the reason for your request for a dependency override.

The letter should provide as much detail as possible, describing your separation from your parents. You are required to include the following documentation:

- The whereabouts of your biological parents and their current living arrangements. Include the last contact you had with your biological parents and the frequency of contact with them over the past year(s).
- Why you cannot provide parental information on the 2019-2020 Free Application for Federal Student Aid (FAFSA).
- Your living arrangements over the past year(s); with whom you have lived with and who has provided financial support for you.
- Your name, student ID number, and signature.

2. Letters from two individuals who can attest to your situation. Their letters should be one to two pages in length and provide as much detail as possible describing your separation from your parents.

- The first letter should be from a **professional individual** not related to you – counselor, social worker, teacher, clergy, police, etc. Please submit on organizations letterhead.
- The second letter should be from either a **professional or non-professional individual** who is very familiar with your situation.
- Each letter must include the individual's name, title or position, address, phone number and must be signed.
- The individuals cannot be related to each other and must reside at separate addresses.

3. A completed and signed 2019-2020 FAFSA – leave the parent section blank.

4. A signed and dated copy of the student's 2017 Federal Income Tax Return and all W2s/1099s.

5. Please complete the following information:

- ◆ Did anyone claim you on their 2017 Federal Income Tax Return?
 Yes No
Person's Name: _____ Relationship to Student: _____
- ◆ Did you receive AFDC/TANF (welfare), SSI (disability), or Social Security checks in 2017?
 No
 Yes: List the name(s) of the source, how much you received PER MONTH, and the number of months you received the benefit in 2017.
Source: _____ Amount: \$ _____
Number of Months Received: _____

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6. Please provide the following information about your expenses. You may be asked to provide documentation to verify this information.

PER MONTH in 2018 and 2019. If any amounts are zero, explain the reason.

Expenses	2018 Amount	Support Provided By:	2019 Amount	Support Provided By:
Housing (rent, mortgage)				
Child Care				
Food				
Utilities				
Credit Card(s)				
Medical/Dental				
Clothing				
Auto (car payments, insurance, maintenance)				
Other Personal Expenses (cable, internet, phone)				
Total Monthly Expenses				
Total Yearly Expenses				

Certification:

I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form.

WARNING: If you purposefully give false or misleading information on this form, you may be fined, sentenced to jail, or both.

Student Signature: _____ **Date:** _____

MAIL OR FAX THE COMPLETED FORM AND SUPPORTING DOCUMENTATION TO:
 Lenoir Community College • Office of Financial Aid
 P.O. Box 188 • Kinston, NC 28502
 Fax: 252-233-6896 • Email: Finaid@lenoircc.edu