

# 2022-2023 Dependency Override

Your 2022-2023 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, 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 2022-2023 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 - family member, friend, counselor, teacher, police, etc.
- 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 2022-2023 FAFSA – leave the parent section blank.

## 4. A signed and dated copy of the student's 2020 Federal Income Tax Return and all W-2s/1099s.

## 5. Please complete the following information:

- ◆ Did anyone claim you on their 2020 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 2020?  
 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 2020.  
Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Number of Months Received: \_\_\_\_\_

## 2022-2023 Dependency Override

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

PER MONTH in 2021 and 2022. If any amounts are zero, explain the reason.

Expenses	2021 Amount	Support Provided By:	2022 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)				
<b>Total Monthly Expenses</b>				
<b>Total Yearly Expenses</b>				

**Certification:**

I certify that the submitted information is accurate 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**

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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](mailto:finaid@lenoircc.edu)