

**2020-2021**  
**Office of Financial Aid**  
**Request for Dependency Override**

Federal regulations (Public Law 103-235, Sec 480(d) requires the Office of Financial Aid to consider parent information and expect a parent contribution for students. We may be able to override your dependent status if unusual circumstances exist that make it impossible for you to have contact with your parents. If your family situation involves an unusual circumstance (i.e. abusive family environment, documented abandonment, and/or documented drug dependency), you may request a review of your dependency status. Any situation resulting from choice, rather than necessity due to unusual circumstances would not be considered for review.

Circumstances to which consideration is given are as follows:

- You were removed from your parent's home due to extreme situations that threatened your health and/or safety and due to these conditions, parental support was terminated.
- Incapacity of parent(s) such as incarceration, mental or physical illness or your ability to locate your parent(s).
- Other extenuating circumstances that can be sufficiently documented.

Circumstances to which consideration is not given are as follows:

- Parent's refusal to contribute to student's education.
- Parent's unwilling to provide information for FAFSA filing or for verification.
- Parents do not claim the student as a dependent for income tax purposes.
- Student demonstrates total self-sufficiency.

**Required Documentation**

- A personal letter explaining the reason for this request. The letter should provide as much detail as possible, describing your separation from your parents. Please include the following information:
  - The whereabouts of your father and mother including their current living arrangements (if known).
  - Your current living situation.
  - Your name, student ID and signature.
- "Third Party Affidavit" by an individual that can attest to your situation, is at least 25 years of age.
- One letter on official letterhead from a professional that is not related to you – counselor, social worker, clergy or peace officer.
- Copy of court documents or any pertinent documents that can confirm your situation.

**SUBMIT ATTACHED FORMS AND PERTINENT DOCUMENTS TO THE OFFICE OF  
FINANCIAL AID.**

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**THIS APPLICATION WILL ONLY BE ACCEPTED VIA YOUR STUDENT, COPPIN STATE  
EMAIL.**

## Review of Dependency Status

### Third Party Affidavit

(To be completed by a third party who knows the student and is familiar with your circumstances.)

Student's Name: \_\_\_\_\_ Student's ID# \_\_\_\_\_

The student named above has indicated on the application for financial aid that he/she is unable to provide parent information due to unusual circumstances.

1. How long have you known the student? \_\_\_\_\_
2. Please provide a brief statement regarding your knowledge of the student's family history and relationship with parents.

\_\_\_\_\_  
\_\_\_\_\_

3. Why is the student unable to provide parent information for financial aid purpose?

\_\_\_\_\_  
\_\_\_\_\_

4. What is the last date that the applicant:

a. Received financial support from parents? \_\_\_\_\_ (month/year)

b. Lived with parents? \_\_\_\_\_ (month/year)

5. How is the student currently supporting himself/herself?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Contact #: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

**I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS STATEMENT IS TRUE AND COMPLETE.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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