

Yuba College
2088 North Beale Road
Marysville, CA 95901
530-749-7999

Woodland Community College
2300 East Gibson Road
Woodland, CA 95776
530-661-5725

Lake County Campus
15880 Dam Road Extension
Clearlake, CA 95422
707-995-7923

2020-2021 Request for Dependency Override

This form is for dependent students who do not meet the federal criteria for “independent” status as outlined on the 2020-2021 Free Application for Federal Student Aid (FAFSA) but who would like to have their unique circumstances reviewed in order to be considered an independent student for financial aid purposes.

Students who are estranged from their parents due to extenuating or unusual circumstances (i.e. abuse, family alcoholism, drug abuse) which can be documented by an objective third party (i.e. high school or college counselor, social services agency official, pastor or clergy member, mental health professional, law enforcement officer, teacher) may apply for a review of their dependency status.

ATTENTION: The following circumstances are not considered viable reasons for independent status:

- You do not reside with your parents.
- Your parents refuse to pay for your college education.
- Your parents do not claim you on their tax return.
- Your parents are not financially able to pay for your college education.
- Your parents are not willing to complete the parent section of the FAFSA.
- You do not rely on your parents for support, financially or otherwise.

INSTRUCTIONS

1. File the 2020-2021 FAFSA on the Web.
2. Submit all required forms and documents to the Financial Aid Office at the campus you attend.
3. **DO NOT** leave any questions unanswered. Incomplete requests will NOT be reviewed.
4. Complete ALL forms in ink.
5. Attach ALL required documentation (refer to list below).

DOCUMENTATION REQUIRED

1. **Personal Statement:** Attach a typed statement (letter) that explains your "unusual circumstance". Don't forget to include your name, student ID and signature on your letter.
 - **Include the following information:**
 - The whereabouts of your biological father and biological mother.
 - The last contact you had with each of your parents.
 - The nature of your relationship with your parents.
 - Why you cannot obtain information and/or support from your parents.
 - Your living arrangements during the last 2 years.
 - How you have supported yourself during the last 2 years.
2. **Request for Review of Dependency Status form:** Complete both sides of this form.

3. **Affidavits In Lieu of Parent Information forms:** Submit two completed and signed affidavits.
- The affidavits should be completed by responsible adults (i.e. high school or college counselor, social services agency official, pastor or clergy member, mental health professional, law enforcement officer, teacher) who are able to verify the circumstances you described in your personal statement. ***Affidavits from other students and/or friends are not considered an independent third party.***
4. **Supporting Documentation:**
- Documentation confirming that a parent is deceased, institutionalized, or incarcerated.
 - Documentation confirming that there is protection/restraining order that prohibits you from having contact with your parents.
 - Other legal documentation that would explain why parent information could not be obtained to determine your financial aid eligibility.
5. **2018 Income Verification:**
- **2018 Federal Income Tax Return:** Include all W-2 forms, 1099 forms, attachments and schedules.
 - **2018 Untaxed income verification** (i.e. unemployment insurance, disability insurance, worker's comp).
 - **V1 Independent Verification Worksheet:** The V1 Independent Verification Worksheet is available on MyCampus Portal.
6. **2019 and Current Income Verification:**
- **2019 Federal Income Tax Return:** Include all W-2 forms, 1099 forms, attachments and schedules.
 - **2019 Untaxed income verification** (i.e. unemployment insurance, disability insurance, worker's comp).
 - **Current income verification:** Provide your last or most recent check stub(s) from your current employer(s).
 - **Current untaxed income verification** (i.e. unemployment insurance, disability insurance, worker's comp).
7. **Other:** _____
8. **Submit all required forms and documents to the Financial Aid Office at the campus you attend. DO NOT leave any questions unanswered. Incomplete requests will NOT be reviewed.**

REVIEW PROCEDURES

- All submitted documentation will be reviewed by the Dean/Director of Financial Aid to determine if the information you have provided supports your request.
- You will be notified of the decision in writing at such time a decision has been made.
- It generally takes **three to four weeks to review and process your request**. During peak periods the process may take longer.



**Yuba Community College District
Financial Aid Offices**

2020-2021 Request for Dependency Override Application

Please complete this form to request a review of your dependency status. Complete this form in ink and do not leave any questions blank.

STUDENT INFORMATION:

First	MI	Last	Social Security #
Mailing Address			Date of Birth
City	State	Zip Code	Phone Number

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- When is the last time you:
 - lived with your Father _____ Mother _____
 - received support from your Father _____ Mother _____
 - had any contact with your Father _____ Mother _____
- Where are your parents currently?
Father _____ Mother _____
- Did or will your parent(s) claim you as a dependent on their 2019 federal income tax return?
☐ Yes ☐ No If yes, identify person and year: _____

MEANS OF SUPPORT:

- Did you work in 2019? ☐ Yes ☐ No If yes, provide proof of income earned.
- Did you have any additional sources of income other than your job in 2019? ☐ Yes ☐ No
If yes, list source (i.e. cash support from others, Financial Aid, Social Security), yearly amount and year.
Source: _____ Total Income: _____ Year: _____
Source: _____ Total Income: _____ Year: _____
Source: _____ Total Income: _____ Year: _____
- If you had no income in 2019, please explain how you supported yourself: _____

CURRENT INCOME AND EXPENSES:

- How are you currently supporting yourself? Please explain: _____

☐ With friends or relatives (state who) _____

Rent/Mortgage	_____	Utilities (Electric, Gas, etc.)	_____
Food/Groceries	_____	Car Payment	_____
Phone/Cell Phone	_____	Auto Insurance	_____
Transportation	_____	Other: _____	_____

Date _____

Date _____

Date _____

Student's Name

Student ID #

This form is to be completed by a third party who is familiar with your situation and has known you for a minimum of two years, such as, a high school or college counselor, social services agency official, pastor or clergy member, mental health professional, law enforcement officer, or teacher. ***Affidavits from other students and/or friends are not considered an independent third party.***

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. Please answer the following questions:

1. How long have you known the student? _____

2. In what capacity? _____

3. Please provide a brief statement regarding your knowledge of the student's family history and their relationship with their parent(s). _____

4. Why is the student unable to provide parent information for financial aid purposes? _____

5. What is the last date the student:

a. Received financial support from parents? _____

b. Lived with parents? _____

6. How is the student currently supporting himself/herself? _____

Name: _____ Phone #: _____

Relationship to Student: _____ Occupation: _____

Mailing Address: _____

I hereby certify that the above information contained in this affidavit is true and correct to the best of my knowledge.

Signature

Date

Yuba Community College District - Financial Aid

AFFIDAVIT IN LIEU OF PARENT'S INFORMATION

Student's Name

Student ID #

This form is to be completed by a third party who is familiar with your situation and has known you for a minimum of two years, such as, a high school or college counselor, social services agency official, pastor or clergy member, mental health professional, law enforcement officer, or teacher. ***Affidavits from other students and/or friends are not considered an independent third party.***

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. Please answer the following questions:

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Name: _____ Phone #: _____

Relationship to Student: _____ Occupation: _____

Mailing Address: _____

I hereby certify that the above information contained in this affidavit is true and correct to the best of my knowledge.

Signature

Date