



ATTENTION: FTP	
SUBMIT ONLINE: www.ccbcmd.edu/fa-forms (scroll to the bottom) "Securely upload your documents"	Fax 443-840-2824
PLEASE DO NOT CALL TO CONFIRM RECEIPT! Allow 24-48 business hours for login, then view status of all forms online via SIMON account (https://simon.ccbcmd.edu)	

FOR OFFICE USE ONLY	
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CAMPUS: _____	INITIAL: _____
C	D E OM

Financial Aid Office
DEPOVR

2025 – 2026: Dependency Override Request

Name: _____ CCBC ID: _____

The Financial Aid Office can use professional judgment in determining a student's dependency status if unusual circumstances exist which prevent you from adding parental information to your FAFSA. If CCBC has approved your dependency override in a prior year, complete only **Part 1** for review. If CCBC has not previously approved your status, proceed to Part 2 and complete Sections A, B, C, D, and E.

A student **may be** experiencing unusual circumstances if they:

- ✓ Left home due to an abusive or threatening environment;
- ✓ Have been abandoned by or are estranged from parents;
- ✓ Have refugee or asylee status and are separated from their parents, or their parents are displaced in a foreign country;
- ✓ Are a victim of human trafficking;
- ✓ Are incarcerated, or their parents are incarcerated, and contact with the parents would pose a risk to the student;
- ✓ Are otherwise unable to contact or locate their parents.

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

- ✗ Parents refuse to contribute to the student's education;
- ✗ Parents do not claim the student as a dependent for income tax purposes; and/or
- ✗ Parents will not provide information for the FAFSA or verification;
- ✗ Student demonstrates total self-sufficiency.

Part 1. **RENEWAL** Dependency Override Request

- ☐ CCBC approved my request for a dependency override in a **prior academic year**, and my situation has not changed.

Student's Signature

Date

STOP HERE and submit form.

Part 2. **NEW** Dependency Override Request

SECTION A: CURRENT LIVING SITUATION

1. With whom do you currently live (answer below)?

1a. Name(s): _____

1b. Relationship(s) to you: _____

2. When did this arrangement begin?

_____/_____(month/year)

SECTION B: PERSONAL STATEMENT

Please attach a detailed, written explanation of the unusual circumstances preventing you from providing both Parent 1 and Parent 2 information on your FAFSA. See above for list of situations that are not considered unusual circumstances.

- ☐ My statement with date and *handwritten* signature is attached.



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SECTION C: PARENTAL INFORMATION

Please provide the information below regarding your **biological or adoptive** parents to the best of your ability.

Biological/Adoptive Parent 1	Biological/Adoptive Parent 2
First Name: _____	First Name: _____
Middle Name: _____	Middle Name: _____
Last Name: _____	Last Name: _____
Date of Birth: ____/____/____ (mm/dd/yy)	Date of Birth: ____/____/____ (mm/dd/yy)
When was the last time you lived with Parent 1? ____/____ (month/year) OR <input type="checkbox"/> Never	When was the last time you lived with Parent 2? ____/____ (month/year) OR <input type="checkbox"/> Never

SECTION D: THIRD-PARTY DOCUMENTATION

Attach documentation supporting the extenuating circumstances that you have described in your attached statement. Third-party documentation MAY include, but is not limited to, one or more of the following:

- Federal or state documentation that your parent(s) are incarcerated
- Signed, dated letter **on official letterhead** from:
 - a state, county or Tribal welfare agency;
 - an independent living case worker who supports current/former foster youth with the transition to adulthood;
 - a public or private agency, facility, or program servicing the victims of abuse, neglect, assault or violence;
 - an attorney, guardian ad litem, a court-appointed special advocate (or similar), or a representative of a TRIO or GEAR UP program which confirms the circumstances and the person's relationship to the student;
 - or a school counselor, teacher, social worker, medical/mental health professional, or clergy member which confirms the circumstances and person's relationship to the student;
- High school (senior year) records indicating guardian/custodian
- Death certificate(s) of parent(s), and birth certificate of student, if applicable

Note: Documentation from family or friends (e.g. neighbors, grandparents, aunts, uncles, etc.) is not considered third-party.

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.
- ☐ NOTICE: According to Maryland Family Law 5-701, educators are required to report current and past child abuse/neglect even when the former victim is now an adult and even when the former alleged abuser is deceased. If you disclose current or past abuse/neglect in submitted paperwork or to any financial aid staff personally, we are required by law to report it. Our office will report the suspected abuse/neglect to the Title IX officer. Direct questions to TitleIX@ccbcmd.edu.

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

Please allow *at least* 2-3 weeks after ALL documents submitted for review. Check your SIMON account for status updates.

All documents must be submitted by the last day of the semester.