2015-16 Dependency Override Appeal Application

The Reauthorization of the Education Amendments of 2008 defines an independent student as one who:

1. is at least 24 years old by December 31 of the award year;
2. is married;
3. is working on a master's or doctorate program;
4. is currently serving on active duty in the U.S. Armed Forces for purposes other than training;
5. is a veteran of the U.S. Armed Forces;
6. has children and provides more than half their support;
7. has dependents (other than children or spouse) who live with him/her and provides more than half their support;
8. is an orphan, dependent/ward of the court, or in foster care on or after age 13;
9. is an emancipated minor as determined by a court in the student's state of legal residence;
10. is in a legal guardianship as determined by a court in the student's state of legal residence;
11. is an unaccompanied youth who is homeless on or after July 1, 2014, as determined by the student's high school or school district homeless liaison, director of an emergency shelter, or director of a runaway or homeless youth basic center or transitional living program.

If you do not meet any of the above criteria, you are considered a Dependent student for financial aid purposes. The Department of Education considers your parent(s) the party primarily responsible for funding your education, and your financial eligibility is based on your financial information and your parent(s) financial information.

The Department of Education does allow Financial Aid Administrators to use professional judgement if a situation exists where extenuating circumstances prevent a student from being able to provide the necessary parental information. If you wish to appeal your dependent status, you must provide our office with:

1. a letter from the student explaining why he or she cannot provide parental data and how he or she supported him or herself since leaving the parent(s) home;
2. copies of the student's 2013 and 2014 Federal income tax transcripts;
3. copies of apartment leases for 2013 and 2014;
4. copy of current pay stub;
5. written documentation verifying the “unusual situation” that led you to become independent of your parent(s).
   - (A statement on letterhead from a counselor, minister, or social worker will be acceptable.);
6. copies of the parent's 2013 and 2014 Federal income tax transcripts;
7. copy of any insurance coverage (health, auto, renter's or homeowner's) showing policy holder's name;
8. completed 2015-16 Free Application for Federal Student Aid Application;
9. completed 2015-16 Independent Student Verification and 2015-16 Verification of SNAP (Food Stamps) Benefits;
10. completed 2015-16 Oakton Community College Financial Assistance Information;
11. completed 2015-16 Dependency Override Appeal Application.

Once all of the above documentation has been submitted, the dependent status appeal committee will review your situation and make a decision.

This appeal form is subject to change without notice upon receipt of new Federal Regulations.
Please answer the following questions:

1. Indicate the amount of financial support you currently receive from your parent(s) per month $ ________________.

2. Indicate the amount(s) and the source(s) of your annual income for 2013 and 2014 [for example, wages, monetary gifts from persons other than your parent(s), interest income].

   2013 $ _______  Source(s) __________________________

   2014 $ _______  Source(s) __________________________

3. Please complete the following statement of your annual calendar year expenses:

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th>2013 (Jan - Dec)</th>
<th>2014 (Jan - Dec)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing/Rent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation (car payments, insurance, gas, maintenance)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Care and/or Dependent Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal (clothing, entertainment)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance/Medical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You will receive a written reply from a financial aid administrator upon review of the documentation submitted. Please note that all documentation attached to this appeal must include your name and social security number. Any questions concerning your dependency status may be directed to our office at 847-635-1708.

FOR OFFICE USE ONLY

Appeal Granted: ☐ Yes ☐ No  FA Signature ___________________________  Date ________________