



## Financial Aid Office

9601 Germantown Ave, Philadelphia, PA 19118

Phone: (215) 248-7182 / Fax: (215) 242-7705

finaid@chc.edu

### **2019-2020 Dependency Override Request Form**

What is a Dependency Override?

When you completed your Free Application for Federal Student Aid (FAFSA), the questions in the student status section determined that you were required to apply for Financial Aid as *DEPENDENT* student and include your PARENT(S) information. Financial Aid administrators have the authority to change a student's dependency status, based on supporting documentation, from dependent to independent in cases of extreme, unusual circumstances.

Some examples of extreme, unusual circumstances:

- Abusive family environment (physical, mental, sexual abuse, or other forms of domestic violence)
- Abandonment by Parents (usually in cases of one or more years)
- Incarceration or institutionalization (mental and/or physical illness) of both parents
- Parents whereabouts unknown or parents cannot be located
- An unsuitable household (child removed from household and placed in foster care)
- Other extenuating circumstances that can be sufficiently documented.

Please note that the federal guidelines regarding dependency overrides clearly indicate that the following situations ***DO NOT*** qualify as extenuating circumstances and therefore would not result in a dependency override:

- Parent(s) refusing to contribute to the student's education
- Parent(s) are unwilling to provide information on the FAFSA or for verification
- Parent(s) not claiming students as dependent for income tax purposes
- Student demonstrates total self-sufficiency
- Student does not live with their parent(s)

All submitted documentation will be reviewed by a Financial Aid Administrator to determine if the student will be granted a dependency override. An official notification of the decision will be sent to the student and the financial aid office will make necessary corrections to the student's FAFSA on behalf of the student. All documentation will be maintained in the student's Financial Aid file.

A dependency override is granted on a yearly basis. If a student is granted an override in the previous academic year, the student must reapply each year.

Please submit all documents as soon as possible to the Financial Aid office to avoid processing delays. If you have any further questions, please reach out to the Office of Financial Aid immediately.

**A reminder that all documentation must contain original signatures. We cannot accept electronic signatures. Submission of this Dependency Override Request does not guarantee approval of status change**

**Due to recent guidance issued by the Department of Education, we can no longer accept documentation with any Personally Identifiable Information (PII) via unsecured methods. PII is any data that could potentially identify a specific individual or any information used to distinguish one person from another. This includes documentation containing Social Security Numbers, Date of Birth, etc. We are unable to accept documentation by email.**

**Please mail, fax, or in-person deliver your verification documentation to the Financial Aid Office.**

**Mail to:** Financial Aid Office, Chestnut Hill College, 9601 Germantown Ave, Philadelphia, PA 19118

**In-Person:** Financial Aid Office, St Joseph Hall, First Floor, North Wing

**Fax:** (215) 242-7705



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### **2019-2020 Dependency Override Request Form**

#### **SECTION A: STUDENT INFORMATION**

STUDENT NAME: \_\_\_\_\_ CHC ID #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street / Apartment) City/State/Zip

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Please note that federal guidelines regarding dependency overrides clearly indicate that the following situations do not qualify as extenuating circumstances and therefore would not result in a dependency override:

- Parent(s) refusing to contribute to the student's education
- Parent(s) are unwilling to provide information on the FAFSA or for verification
- Parent(s) not claiming students as dependent for income tax purposes
- Student claiming total self-sufficiency
- Student choosing to not live with their parent(s)

#### **SECTION 1: CURRENT STUDENTS ONLY (Please check all that that apply)**

- \_\_\_\_\_ 1. I was granted independent status for the 2018-2019 academic year at Chestnut Hill College and my documentation is on file with the Financial Aid Office.
- \_\_\_\_\_ 2. My living situation **has not** changed from the previous award year and I am again requesting independent status for the 2019-2020 academic year.

**-Proceed to and complete Section 4-**

#### **SECTION 2: NEW TRANSFER/FIRST TIME APPLICANTS ONLY (Please check all that that apply)**

- \_\_\_\_\_ 1. **Transfer Students:** I was granted independent status for the 2018-2019 academic year at another university/college. **If you were granted a dependency override at another university/college, you must submit a new Dependency Override Request form and supporting documentation as we do not accept other institutions decisions. Receiving independent status at another institution does not guarantee an approval at Chestnut Hill College.**
- \_\_\_\_\_ 2. **All New Transfer/First Time Applicants:** I am requesting a Dependency Override and for Chestnut Hill College to view me as an Independent student for Federal Aid purposes based on information I am providing. I agree to submit all supporting documentation pertaining to my specific situation. If at any point my situation changes, I agree to contact the Financial Aid Office immediately, in writing. I also understand that by submitting this application, that approval is not guaranteed and, if approved, I will need to resubmit an application every academic year.

**-Proceed and complete Section 3-**

STUDENT NAME: \_\_\_\_\_ CHC ID #: \_\_\_\_\_

**SECTION 3: NEW TRANSFER/FIRST TIME APPLICANTS ONLY (REQUIRED)**

1. **Please provide a typed or written statement explaining why you are requesting to be independent for financial aid purposes. This typed or written statement must contain the following:**
  - a. Please include all relevant details including names, dates, incidents, places, etc.
  - b. Please explain your current living situation and your living situation for the past year. Include where and with whom you are currently residing, how you are being supported, and the relationship of whom you are living with
  - c. Please clarify the whereabouts of your biological parent(s) and their current living arrangements. Include any contact you had with your parent(s) and the frequency of contact you had with them over the past year.
  - d. Clearly explain how you have been supporting yourself.
  - e. Please make sure you include your name, CHC Student ID # and an original signature. Electronic signatures and/or DocuSign will not be accepted.
  
2. **Please submit a written statement/explanation from at least two (2) disinterested professional, third party and/or agencies confirming the specifics as described by you in your written statement.**
  - a. Examples of a disinterested professional, third parties include, but are not limited to: employer, clergy, social worker, attorney, teacher, counselor, psychologist, etc.
  - b. This statement/explanation must be typed or in writing, on appropriate letter heading including all contact information (name, address, phone number, email, company name, etc.) and must contain an original signature (we will not accept forms that contain e-signatures or DocuSign).
  
3. **Submit a signed copy of your (the student) most recent 1040 tax return including all schedules or a copy of your most recent Tax return Transcript from the IRS.**
  - a. If you did not file a tax return, please obtain the Statement of Non-Filing from the IRS and submit a signed statement clarifying how you have been supporting yourself.
  - b. If someone else, other than a parent, claimed you on their taxes, please submit a signed copy of their most recent tax return proving that they claimed you as an exemption.
  
4. **Submit all documentation to support your request for a dependency override, such as, but not limited to:**
  - a. Death Certificates, Newspaper Obituary, Polices Reports, Orders of Protection, Dissolution of Marriage (Court) Documentation (Divorce decree), etc.

**-Proceed and complete Section 4-**

**SECTION 4: PLEASE ANSWER ALL OF FOLLOWING QUESTIONS (REQUIRED)**

1. Did anyone claim you on their 2017 Federal Income Tax Return?  NO /  YES
  - a. IF YES: What is the person's name? \_\_\_\_\_  
 What is their relationship to you? \_\_\_\_\_
  
2. Did anyone claim you on their 2018 Federal Income Tax Return?  NO /  YES
  - a. IF YES: What is the person's name? \_\_\_\_\_  
 What is their relationship to you? \_\_\_\_\_
  
3. Did you file a 2017 Federal Tax Return?  NO /  YES
  - a. Please submit a signed copy of our 2017 Federal Tax Return.
  
4. Did you file a 2018 Federal Tax Return?  NO /  YES
  - a. Please submit a signed copy of your 2018 Federal Tax Return.
  
5. Did you receive AFDC/TANF (welfare), SSI (disability), or Social Security checks in 2017?  NO /  YES
  
6. Did you receive AFDC/TANF (welfare), SSI (disability), or Social Security checks in 2018?  NO /  YES

**STUDENT NAME:** \_\_\_\_\_ **CHC ID #:** \_\_\_\_\_

7. When was the last time you lived with your parent(s)?
  - a. PARENT #1: \_\_\_\_\_ (month/year) / PARENT #2: \_\_\_\_\_ (month/year)
8. When did your parents last provide any form of support?
  - a. PARENT #1: \_\_\_\_\_ (month/year) / PARENT #2: \_\_\_\_\_ (month/year)
9. Are/Were you included as a dependent under parents’ health insurance plan for 2017? \_\_\_\_ NO / \_\_\_\_ YES
10. Are/Were you included as a dependent under parents’ health insurance plan for 2018? \_\_\_\_ NO / \_\_\_\_ YES
11. Are/Will you be included as a dependent under parents’ health insurance plan for 2018? \_\_\_\_ NO / \_\_\_\_ YES
12. Did you have your own health insurance in 2017? \_\_\_\_ NO / \_\_\_\_ YES
13. Did you have your own health insurance in 2018? \_\_\_\_ NO / \_\_\_\_ YES
14. Will you have your own health insurance in 2019? \_\_\_\_ NO / \_\_\_\_ YES
15. Are you, the student, divorced after being married for at least one year and maintained a residence apart from your parents and your former spouse’s parents during the time you were married? \_\_\_\_ NO / \_\_\_\_ YES
  - a. You must now maintain a separate residence from your parents/spouses parents and pay all expenses from your own income and assets)
16. Do you own, lease, or finance a vehicle? \_\_\_\_ NO / \_\_\_\_ YES
17. If you lease or finance, is anyone other than yourself making your auto payments? \_\_\_\_ NO / \_\_\_\_ YES
  - a. Please provide their name(s) and relationship to you:
    - i. NAME: \_\_\_\_\_ / RELATIONSHIP: \_\_\_\_\_
    - ii. NAME: \_\_\_\_\_ / RELATIONSHIP: \_\_\_\_\_
18. Are you/were you included on your parent’s Auto Insurance Policy in 2019? \_\_\_\_ NO / \_\_\_\_ YES
19. Are you/were you included on your parent’s Auto Insurance Policy in 2018? \_\_\_\_ NO / \_\_\_\_ YES
20. Are you/were you included on your parent’s Auto Insurance Policy in 2017? \_\_\_\_ NO / \_\_\_\_ YES
21. Are you currently living with a family member and they are providing all your support? \_\_\_\_ NO / \_\_\_\_ YES
  - a. Please provide their name(s) and relationship to you:
    - i. NAME: \_\_\_\_\_ / RELATIONSHIP: \_\_\_\_\_
    - ii. NAME: \_\_\_\_\_ / RELATIONSHIP: \_\_\_\_\_
22. Are you now living with, and/or have reconciled with, your parent(s)? \_\_\_\_ NO / \_\_\_\_ YES

**-Proceed and complete Section 5-**

STUDENT NAME: \_\_\_\_\_ CHC ID #: \_\_\_\_\_

**SECTION 5: VERIFICATION OF INCOME AND EXPENSES (REQUIRED)**

Please describe your average monthly income and identify the source(s) by name. If no answer, please put \$0

Type of Income	Gross Amount per Month	Source of Income (Name)
WAGES		
SAVINGS/INVESTMENTS		
UNEMPLOYMENT BENEFITS		
SOCIAL SECURITY BENEFITS		
WELFARE BENEFITS		
CASH SUPPORT		
OTHER (Please specify)		

Please describe your average monthly expenses and how they are covered. If no answer, please put \$0. Estimate your current monthly costs in the second column. Give the name(s) and relationship(s) of the person(s) who pay(s) the expenses or provides the item for you. If you pay the cost, enter "SELF" in the third column.

Type of Income	Monthly Cost	Source of Payment (Who pays the expense?)
HOUSING		
UTILITIES		
TELEPHONE		
TRANSPORTATION		
GAS		
CLOTHING		
MEDICAL		
EDUCATION		
OTHER (Please specify)		

**-Proceed and complete Section 6-**

**SECTION 6: CERTIFICATION (REQUIRED)**

**Please Read Carefully:** *By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that if I purposely give false or misleading information on this worksheet it may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment, or both, under provisions of the United State Criminal Code and disciplinary actions by Chestnut Hill College. If I have any questions or concerns, I will contact Chestnut Hill College (CHC) Financial Aid Office immediately. Your documentation must contain an original signature. We cannot accept forms containing e-signatures, typed signatures, or e-pen.*

Student Signature: (original): \_\_\_\_\_ (required)

Student Name (print): \_\_\_\_\_

Date: \_\_\_\_\_

**MAKE SURE YOU SUBMIT AS MUCH DOCUMENTATION AS POSSIBLE TO SUPPORT YOUR CLAIM. PLEASE SEND ALL ITEMS TOGETHER (APPLICATION, SUPPORT DOCUMENTATION, LETTER, ETC)**

**Please note that this Dependency Override, if approved, will change your federal aid eligibility only. For state aid purposes, you must contact your state’s respective agency for their policies on dependency overrides (example: PHEAA – Pennsylvania)**