



FINANCIAL AID OFFICE 2024-2025 Professional Judgement Request for Dependency Override

You have indicated that there are circumstances that may affect the results of your 2024-2025 Free Application for Federal Student Aid (FAFSA). If the circumstance falls into one of the categories listed on this form, you may submit a Request for Professional Judgment. You must include all required documentation. Incomplete submissions will not be reviewed. If a correction is made to your FAFSA, it may result in a reduction in the base year income or the use of projected income for the current year. **In many cases, an adjustment does not increase eligibility for grants.** You will be notified after your request has been reviewed. **Please allow FAO at least 14 business days to review and make a determination.**

Name: _____ HCC ID # or SSN (last 4 digits): _____

Address: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Email: _____ Date of Birth: _____

The following conditions do not qualify as an unusual circumstance meriting a dependency override:

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

1. *Attach a written statement explaining circumstance.*

2. *Have you been legally adopted?*

Yes *Provide court papers documenting legal adoption by relative or someone other than a relative.*

No *Can you contact your parent(s)? Both: _____ Mother only: _____ Father only: _____*

**If you can contact your parent(s), you must apply for financial aid as a dependent, using you & your parent(s) 2022 IRS Tax Information.*

**If you are unable to contact your parent(s), you need Required Documentation (see below).*

Required Documentation:

- *Statement of third party documentation on letterhead from a clergy, doctor, lawyer, counselor, teacher, social worker or agency documenting unusual circumstance(s) OR Notarized letter from relative or other provider explaining your living arrangement and unusual circumstance.*
- *2024-25 Verification of Family Size and Number in College form and Students 2022 Federal Income Tax Return.*
- *Lease &/or rent receipts, utility bills, health insurance policy to support document unusual circumstance*

2. CERTIFICATION & SIGNATURES:

By signing this form, I certify the following:

- I understand that this request will not be reviewed if incomplete.
- I will be notified of the status of this request, allowing 14 business days for processing.

I certify that the information provided on this form is true and correct. I understand I may be asked to provide additional documentation to support the information herein. By signing this form, I agree to allow Haywood Community College to submit corrections to my FAFSA electronically on my behalf. This information may include federal or state income tax that I filed or was required to file.

Print Student Name

HCC ID # or SSN (last 4 digits)

Student Signature

Date