

FINANCIAL AID OFFICE 2023-2024 Request for Dependency Override

You have indicated that there are circumstances that may affect the results of your 2023-2024 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.

Name:		HCC ID # or SSN (last 4 digits):	
Address:			
Phone: (Home)	(Work)	(Cell)	
Email:		Date of Birth:	
1. Attach a written statemer	nt explaining circumstance.		
federal active duty for purpose. Yes Provide Copy of Community No Process as a dep Have you been legally adopt Yes Provide court pal No Can you contact *If you can contact IRS Tax Informat	s other than training from the Nati Orders endent student unless the student ted? pers documenting legal adoption b your parent(s)? Both: Mo act your parent(s), you must apply ion. le to contact your parent(s), you no	ces for other than training purpose? Or, have you been called to ional Guard or Ready Reserves? Yes or No meets the criteria, below: by relative or someone other than a relative. other only: Father only: for financial aid as a dependent, using you & your parent(s) 2021 eed Required Documentation (see below).	
 Statement of third p or agency documen Notarized letter from 2023-24 Verification Tax Return. 	orarty documentation on letterhead ting unusual circumstance(s). m relative or other provider explair n of Number of Household Membe eipts, utility bills, health insurance	If from a clergy, doctor, lawyer, counselor, teacher, social worker ning your living arrangement and unusual circumstance. rs and Number in College form and Students 2021 Federal Income policy to support document unusual circumstance	
2. CERTIFICATION & SIGNATU	JRES:		
The state of the s	llowing: will not be reviewed if incomplete. of this request, allowing two weeks	for processing.	
support the information herein. By	signing this form, I agree to allow H	I understand I may be asked to provide additional documentation to daywood Community College to submit corrections to my FAFSA tate income tax that I filed or was required to file.	
Print Student Name	HCC I	ID # or SSN (last 4 digits)	
Student Signature			