GTCC
GUILFORD TECHNICAL
COMMUNITY COLLEGE

Financial Aid Office   P.O. Box 309   Jamestown, NC 27282
Phone: 336.334.4822 Option 3   Fax: 336.217.8468

2024-2025 REQUEST FOR DEPENDENCY OVERRIDE

Student Name: _____ GTCC ID: _____

Under Federal law, to the extent they are able, your family is primarily responsible for paying for your college expenses. To determine how much your family can afford to pay towards your college expenses, we must collect your financial information and your parents' financial information.

However, Federal law allows for some exceptions, if you have a special circumstance. The following are **examples** of some special circumstances where you may submit your FAFSA without parental information:
- Your parents are incarcerated; or
- You have left home due to an adverse/abusive family environment; or
- You do not know where your parents are and are unable to contact them (and you have not been adopted).

Not all situations are considered special circumstances. The following situations would **not** be considered a special circumstance:
- You demonstrate total self-sufficiency,
- Your parents do not want to provide their information on your FAFSA; or
- Your parents refuse to contribute to your college expenses; or
- Your parents do not claim you as a dependent on their income taxes; or
- You do not live with your parents.

Directions: If you feel you have a special circumstance, please complete this form AND provide documentation to verify your situation. Do not leave anything blank on this form! Gather as much written evidence of your situation as you can. Written evidence may include court or law enforcement documents, letters from a clergy member, school counselor or social worker, and/or any other relevant data that explains your special circumstances. Your sole documentation cannot be from a friend or family member; third party documentation is required. ***DO NOT USE "N/A" on this form. All information is applicable.**

1. Your Address: Street _____ Apt _____

   City _____ State _____ Zip _____

2. Your Phone: _____ Email: _____

3. Your **Mother's** Name: _____

4. Your **Mother's** Address: Street _____ Apt _____

   City _____ State _____ Zip _____

5. Your **Mother's** Phone: _____ Email: _____

6. Your **Father's** Name: _____

7. Your **Father's** Address: Street _____ Apt _____

   City _____ State _____ Zip _____

8. Your **Father's** Phone: _____ Email: _____

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	Mother (month/year)	Father (month/year)
9. When was the last time you lived with your parents?		
10. When was the last time you had any contact with your parents?		
11. When did your parents last provide any form of support?		

12. What are your present living arrangements? With whom do you live? How much rent do you pay each month? How long has this arrangement been going on?

_____

_____

_____

13. How do you support yourself and meet your living expenses?

_____

_____

_____

14. Explain in detail the reason(s) you should be considered independent. Attach a separate piece of paper to provide additional information that you feel supports your request if necessary.

_____

_____

_____

I certify that the information provided is true and correct and I understand that it may be used to override federal regulations regarding my dependency status. **I understand that if I purposely give false or misleading information, I may be fined, be sentenced to jail, or both.** I understand that if I move back in with my parents or receive any kind of support from them, I must report this to the Financial Aid Office immediately.

Signature _____ **Date** _____

For Office Use Only

☐ Dependency Override Approved (check appropriate criteria):

☐ Adverse home environment   ☐ Support by other adult relative

☐ Applicant supports parent(s)   ☐ Other; requires Director's approval

☐ Dependency Override Denied   Reason? _____

Certification: I hereby use my professional judgment based on the information and documentation provided.

Financial Aid Officer: _____ Date: _____
We cannot accept a typed signature.

Please return completed form to: GTCC Financial Aid Office, PO Box 309, Jamestown, NC 27282 or FAX to 336-217-8468.