



# Wayne County Community College District

---

District Office  
801 W. Fort Street  
(313) 496-2865  
(313) 963-8568 fax

Financial Aid

## Dependency Override Cover Sheet

- **Proving self-sufficiency and/or living on your own are not sufficient reasons for changing your dependency status. If there is an involuntary break in the relationship between parent and student, The District Financial Aid Department may be able to deem a student independent.**
  - **Appealing does not guarantee a change in your Financial Aid eligibility**
- 

These reasons will *not* be considered for determining eligibility:

- **Parents' refusal to contribute to students education**
- **Parents' unwillingness to provide information on the Free Application for Federal Student Aid (FAFSA)**
- **Parents' not claiming student on their federal tax return**

These reasons **will** be considered for determining eligibility:

- **Parent(s) are deceased, in some cases one parent may still be living but you have no contact with the other parent.**
- **You have experienced abuse or abandonment by your parents**
- **You will be having a child during the 2009-2010 school year in which you will be providing financial support for.**



# Wayne County Community College District

District Office  
801 W. Fort Street  
(313) 496-2865  
(313) 963-8568 fax

Financial Aid

Name_____	A00_____
Birthdate_____	SSN_____
Phone #_____	Email_____
Address_____	City, St, ZIP_____

## 2009-2010 DEPENDENCY OVERRIDE Appeal Application

### Instructions

1. Complete and submit this **Dependency Override Appeal Form**.
2. Complete and submit a **2009-2010 Independent Verification Worksheet**
3. Submit a signed copy of your **2008 Federal Tax Form or any other untaxed income for 2008**
4. Submit a completed **2009-2010 SAR (Student Aid Report)**

**Please check the box that applies to your situation. You must provide all required documentation that is requested. Incomplete appeals will result in an automatic denial.**

- Your parent(s) are deceased.**
  - Typed letter from you explaining the situation.
  - Copy of death certificate
  - Letter from a third party who can confirm that you have no contact with your living parent and that they do not provide any financial support. Letter must be from a clergyman, social worker, therapist, high school counselor, teacher, doctor, or a non-family member (**must be on official letterhead**).
  
- You will be giving birth to a child during the 2009-2010 academic year.**
  - Statement from doctor verifying expected due date of child (**on official letterhead**)
  - Document that child will receive more than 50% of support from you. (**i.e. most recent pay stub, 2008 federal tax form or any other most recent untaxed income received**).
  - Letter from parent(s) stating that they will not be providing financial support to you or your child
  
- Your family situation is intolerable due to abuse or abandonment by parents.**
  - Letter from a clergyman, social worker, therapist, high school counselor, teacher, doctor, or someone who is aware of the situation (**must be on official letterhead**).
  - Police/Court reports
  - Report from a social agency
  
- Other unusual circumstances**
  - Attach a typed detailed explanation and substantiating documentation.

To the best of my knowledge, I certify that the information submitted to the District Financial Aid Office at Wayne County Community College District is complete and accurate.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

<b>Decision: Approved <input type="checkbox"/> Denied <input type="checkbox"/></b>	<b>Processed by: _____</b>
<b>Comments on Decision:</b>	<b>Documents Received:</b> <b>Independent Verification Worksheet <input type="checkbox"/></b> <b>2008 Federal Taxes <input type="checkbox"/></b> <b>Student Explanation <input type="checkbox"/></b> <b>Third Party Docs <input type="checkbox"/></b> <b>Other _____</b>
<b>RNAOV10 updated <input type="checkbox"/></b>	<b>RNANA10 updated <input type="checkbox"/></b>