



Eligibility for financial aid is based on the assumption that students and their parents are primarily responsible for paying for the cost of education. If the instructions on your financial aid application ask you to provide parental information, then by law, you are required to do so because you are considered dependent.

The Financial Aid Office may be able to assist a student who is technically dependent, but who does not or cannot have contact with his/her parents. Financial support is not a valid reason for an override. Situations where your physical or emotional wellbeing is in jeopardy by having contact with your parents is a valid reason. In such cases, you must complete this form and provide written documentation to substantiate the situation.

### **Important Directions for Completing a Dependency Override**

1. You must complete a FAFSA application for 2019-20 before submitting your Request for a Dependency Override. Visit [www.fafsa.gov](http://www.fafsa.gov) to complete the FAFSA and include the Federal Code for either Coalinga (001176) **or** Lemoore (041113) depending on where your program of study is located.
2. You ***MUST*** attach documentation that will support your request. A statement on official letterhead from a social service agency representative, therapist, clergy, court official, and/or high school educator who is knowledgeable of your situation.

***Requests without documentation will NOT be reviewed.***





Please Print Clearly

_____	_____	_____	_____
Student Last Name	Student First Name	MI	SSN or WHC ID#
_____	_____	_____	_____
Mailing Address	City/State	Zip Code	Date of Birth
_____	_____		
Email Address	Phone Number		

**NOTE: Documentation is critical and necessary in making this decision and MUST be included.**

Do you have a previous Dependency Override on file with the West Hills College Financial Aid Office?

- Yes, and my circumstances have not changed. *(Stop! SKIP TO question 8 on the back of the form and SIGN)*
- Yes, but my circumstances have changed since then. *(Continue with the form)*
- No. *(Continue with the form)*

**Parent Information (Required)**

**Parent 1**

Parent's Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number (Include Area Code) \_\_\_\_\_

**Parent 2**

Parent's Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number (Include Area Code) \_\_\_\_\_

1. Please explain in detail the circumstances contributing to the break in relationship between you and your parents and why you cannot obtain parental information. You may attach a separate page if necessary.

2. When was the last time you lived with your parents \_\_\_\_\_  
Month/Year
3. When was the last time your parents provided any form of support? \_\_\_\_\_  
Month/Year
4. When was the last time you had any contact with your parents? \_\_\_\_\_  
Month/Year
5. Where are you currently living? \_\_\_\_\_  
With whom do you live? \_\_\_\_\_  
Since when? (Month/Year) \_\_\_\_\_  
How much do you pay for rent? \$ \_\_\_\_\_ /month
6. How do you support yourself financially?
7. You must attach all documents that will support your request to be considered an independent student. Examples could be: A statement on official letterhead from a social service agency representative, therapist, clergy, court official, and/or high school educator who is knowledgeable of your situation.

**Submit your documentation WITH this Request for Dependency Override.**

8. Please initial each statement below.

\_\_\_\_\_ I understand that the information provided may be used to override Federal regulations regarding my dependency status.

\_\_\_\_\_ I understand that if I re-establish contact with my parents or receive any kind of support from them, I must report this to the Financial Aid Office immediately.

*I certify, under penalty of perjury, that the information reported on this form and any attachments hereto is true, complete, and accurate to the best of my knowledge. I understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid funds.*

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

\_\_\_\_\_  
Date

**For Financial Aid Office Use Only**

Accepted       Denied

FAA Access      Tr# \_\_\_\_\_

School Year \_\_\_\_\_

Comments:

\_\_\_\_\_  
Financial Aid Director Signature

\_\_\_\_\_  
Date