

**Southwest Virginia Community College**  
**Dependency Status Appeal**

**Aid Year** \_\_\_\_\_

**Appeals to Dependency Status:**

An appeal may be warranted to your dependency status if an unusual, mitigating circumstance exists between you and your parent(s). This cannot be based on whether your parents want to complete the form or want to provide you with the help to pay for College expenses. It must be based on an unusual situation. Some reasons for an appeal to your dependency status are listed below:

1. Your parent(s) are incarcerated.
2. Your parent(s) live in a war-torn country and you are unable to communicate/correspond with them.
3. Your parent(s) is/are mentally incapacitated.
4. You are estranged from your parent because of an abusive situation that can be documented.
5. Other mitigating circumstance as documented by the applicant.

***DEPENDENCY OVERRIDE DOCUMENTATION REQUIRED***

1. Student's 1040/1040A/1040EZ Tax Transcript
2. Student's Parents 1040/1040A/1040EZ Tax Transcript (if filed)
3. Completed Dependency Override Application (attached)
4. Student's written explanation of unusual circumstances

***\* Please attach all copies to the Dependency Override Application***

**Financial Aid & Student Accounts Support Center**  
Call toll free 1.855-877-3944 or  
Visit <https://mysupport.sw.edu> or  
Call 276-964-7755 or 276-964-7756.

Revised 03/2016

**Southwest Virginia Community College  
DEPENDENCY OVERRIDE APPLICATION**

Name \_\_\_\_\_

Empl ID \_\_\_\_\_ Phone # \_\_\_\_\_ Aid Year \_\_\_\_\_

There are federal requirements that a student must meet to qualify for financial aid as an independent student. If you do not meet one of the criteria, you will be evaluated as a dependent student, meaning that your parents must provide income and asset information. There are circumstances that may warrant re-evaluation of your status. Providing the following information will permit the financial aid administrator to make this determination.

1. a. In the previous year did you live in your parents' home or in a residence owned by your parents? \_\_\_yes \_\_\_no  
 b. In the current year will you live in your parents' home or in a residence owned by your parents? \_\_\_yes \_\_\_no
2. a. Did your parents claim you as a dependent on their previous year federal tax return? \_\_\_yes \_\_\_no  
 b. Will your parents claim you as a dependent on their current year federal tax return? \_\_\_yes \_\_\_no
3. What is the amount of financial support you receive from your parents? \_\_\_\_\_
4. What other support do you receive from your parents (example: health insurance, room and board while living at home)?  
  
 Please identify type and approximate value. \_\_\_\_\_
5. If your parents are unwilling to provide their financial information to complete your Free Application for Federal Student Aid (FAFSA), please explain why. \_\_\_\_\_  
 \_\_\_\_\_
6. Please indicate the amount and the source (example: wages, monetary gifts from persons other than your parents, interest income) of your annual income for both the previous and current year.

Previous Year \$ \_\_\_\_\_  
 Current Year \$ \_\_\_\_\_

Please complete the following statement of your annual calendar year expenses:

EXPENSES (If any amounts are zero, please explain)	Previous Year	Projected (Current Year)
Housing		
Food		
Transportation (car payments, insurance, gas, maintenance)		
Utilities		
Child care and/or dependent care		
Personal (clothing, entertainment)		
Other		
<b>TOTAL</b>		

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8. Parent Certification:

I (We) will not claim this child as an exemption on our current year federal income tax return and will not provide substantial financial support for him/her during the current school year.

I (We) affirm that the information on both sides of this form is correct. I (We) certify that the Financial Aid Office will be notified if circumstances change.

_____	_____	_____	_____
Father's Signature	Date	Student's Signature	Date
_____	_____		
Mother's Signature	Date		

Written explanation of unusual, mitigating circumstance that exists between you and your parents:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person(s) other than immediate family who can verify your status as independent of parental support. Such as a counselor, social worker, doctor, clergy member, etc:

Name _____	Name _____
Phone # _____	Phone # _____

After you have completed this form and have gathered all required documentation, you may call the Financial Aid Office at 276-964-7287 and schedule an appointment to discuss your application for Dependency Status Review.



**For Office Use Only**

Approval _____	Date _____
Denial _____	Date _____

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