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2023-2024 Professional Judgment for Dependency Override

NO BLANKS - IF INFORMATION IS LEFT UNANSWERED. FORM WILL BE CONSIDERED INCOMPLETE

IMPORTANT INFORMATION:

- ✓ Parents have the primary responsibility to pay for their son/daughter's educational expenses. However, if there is an unintentional, involuntary or uncontrollable break in the relationship between parents and student, Clovis Community College may be able to consider the student independent for financial aid purposes. Providing self-support and living on the student's own is secondary to determining the break in the relationship. None of the conditions listed below, singly or in combination, qualify as unusual circumstances or merit a dependency override:
 - o Parents refuse to contribute to the student's education;
 - o Parents are unwilling to provide information on the application or for verification;
 - o Parents do not claim the student as a dependent for income tax purposes;
 - Student demonstrates total self-sufficiency;
 - Student does not wish to communicate with parents.
- ✓ In order for this appeal to be considered, you will need to submit a <u>detailed</u> written explanation with supporting documentation.
- ✓ You must submit a request for a dependency override each year, including letters of reference.
- ✓ You must answer all questions listed below.
- ✓ You cannot be considered an independent student if you are living at home.
 - o The fact that you have moved out of your parent's home does not, in and of itself, qualify you as an independent student.
- ✓ The fact you demonstrate total self-sufficiency does not, in and of itself, qualify you as an independent student.
- ✓ The fact that you "do not get along" with your parents does not, in and of itself, qualify you as an independent student.
- ✓ All Dependency Overrides must submit selected paperwork.
- ✓ Professional Judgments will not be considered until all documentation is submitted.
- ✓ Processing time is approximately 30 days from the time all documentation is provided.
 - CCC may require additional documentation.

STUDENTINFORMATION

FIRST NAME:	LAST NAME:		STUDENT ID:
			С
ADDRESS:			
CITY:		STATE:	ZIP CODE:
SS#: XXX-XX-		BIRTH DATE:	
PHONE #:		STUDENT EMAIL:	@cccemail.net



The documentation of unusual circumstances should come from a third party that knows the student's situation (such as a teacher, counselor, medical authority, member of the clergy). IF third party documentation is unavailable, the student may provide a signed and dated statement from family members detailing the unusual circumstances.



REASON FOR DEPENDENCY OVERRIDE:

If one of the following circumstances applies to you, please check the category and provide the required documentation: Completed Verification Paperwork must accompany the Professional Judgment packet. ☐ Your custodial parent has died and the other natural parent is still living. You have neither had contact with, nor received any financial support from the living parent for a significant length of time (more than 2 years). Required Documentation: Completion of the attached questionnaire. A copy of the death certificate of the deceased custodial parent. Documentation of the custodial relationship (i.e. a court document, a copy of the divorce decree or other evidence the deceased was the custodial parent), and Three (3) letters from objective third parties (i.e. other family members, minister, social worker, counselor, teacher, doctor or other professional) which supports your claim that you neither lived with nor received financial support from the non-custodial parent for a significant length of time (more than 2 vears). ☐ You are a political refugee or eligible non-citizen. Your parents do not reside in the United States and are unable to provide financial support. Required Documentation: Immigration and Naturalization Service (INS) documents verifying your status (i.e. I-94 Departure Record, I-551 Permanent Resident Card, etc.), and Other evidence to confirm your parents are living outside the United States and are unable to provide financial support. ☐ You are estranged from you parents (no contact). The dysfunction may be the result of physical abuse, emotional abuse or drug or alcohol abuse. In some cases, a professional may have counseled you to live apart from your parent(s). Required Documentation: Three letters from: minister, social worker, psychologist, high school counselor, teacher, doctor, or other professional explaining the situation in detail. Completion of the attached questionnaire. A letter from you, the student, explaining the situation in detail, and One or more of the following: □ Police reports □ Court reports □ Documentation from an outside agency ☐ Other Unusual Circumstances Required Documentation: Completion of the attached questionnaire. A detailed, written explanation and supporting documentation for unusual circumstances. Student/parent 20___and 20 __tax return transcripts and W2's, rent receipts or lease agreement, phone bills, utility bills, and a current pay stub. Any other requested documentation. **ADDITIONAL DOCUMENTS:** Each item listed below is required for ALL categories: ☐ Student's 20 Federal income tax return transcript Parents 20____Federal income tax return transcript Letter from student justifying independent status ☐ Verification Worksheet ☐ Other supporting documents

PLEASE ANSWER THE FOLLOWING QUESTIONS

2. Did you live with either parent during the past calendar year?	1.	Please explain why you feel you should be considered independent. Explain your situation with your parents. Why are you unable to provide your parents income information? <i>(Attach as letter)</i>
4. Give a detailed chronological summary of your living situation in the past two years: 5. Did you file a Federal Tax Return in 2021? Yes No If no, why not? 6.Will anyone beside yourself claim you as a TAX EXEMPTION on his or her 2021 Tax Return? Yes No If yes, what is the name & relationship to you? Name: Relationship: 7. My current permanent address is: I have lived at this address since / / This property is owned by Is the residence owned by a relative? Yes No If yes, how are you related? 8. How do you pay your monthly costs (housing, utilities, food, vehicle maintenance, misc. expenses)? 9. Do you have car insurance? Yes No If yes, whose name is it in? You may be required to submit a copy. 10. Do you have health insurance? Yes No If yes, whose name is it in? You may be required to submit a copy. 1 certify that all of the information on this appeal and the attached documentation is complete and accurate.	2.	If yes, what was the last day you lived with them/
5. Did you file a Federal Tax Return in 2021?	3.	
6.Will anyone beside yourself claim you as a TAX EXEMPTION on his or her 2021 Tax Return?	4.	Give a detailed chronological summary of your living situation in the past two years:
6.Will anyone beside yourself claim you as a TAX EXEMPTION on his or her 2021 Tax Return?		
7. My current permanent address is: I have lived at this address since	5.	Did you file a Federal Tax Return in 2021? ☐ Yes ☐ No If no, why not?
This property is owned by Is the residence owned by a relative? \(\text{ Yes } \) No \(\text{ If yes, how are you related?} \) 8. How do you pay your monthly costs (housing, utilities, food, vehicle maintenance, misc. expenses)? 9. Do you have car insurance? \(\text{ Yes } \) No \(\text{ If yes, whose name is it in? You may be required to submit a copy.} \) 10. Do you have health insurance? \(\text{ Yes } \) No \(\text{ If yes, whose name is it in? You may be required to submit a copy.} \) I certify that all of the information on this appeal and the attached documentation is complete and accurate.		If yes, what is the name & relationship to you? Name:
9. Do you have car insurance?		This property is owned by
10. Do you have health insurance? ☐ Yes ☐ No If yes, whose name is it in? You may be required to submit a copy. I certify that all of the information on this appeal and the attached documentation is complete and accurate.	8.	How do you pay your monthly costs (housing, utilities, food, vehicle maintenance, misc. expenses)?
I certify that all of the information on this appeal and the attached documentation is complete and accurate.	9.	Do you have car insurance?
	10.	Do you have health insurance? \square Yes \square No If yes, whose name is it in? You may be required to submit a copy.
Student Signature Date	l ce	ertify that all of the information on this appeal and the attached documentation is complete and accurate.
	Stu	ident Signature Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.