

2021–2022 REQUEST TO BE CLASSIFIED AS AN INDEPENDENT STUDENT (DPOV22)

Name: _____ SFCC Student ID #: _____

Federal financial aid law assumes that parents have the primary responsibility to pay for their children’s education. There is also an expectation that as a student, you have some responsibility to pay for a reasonable portion of your educational expenses. To qualify as an independent student, you **must** meet one of the criteria listed on your FAFSA. If you do not meet at least one of the criteria, you will be evaluated as a dependent student.

In rare cases, there are *unusual circumstances* that may warrant the re-evaluation of your dependency status. ***None of the following conditions, singly or in combination, qualify as unusual circumstances or merit a dependency override:***

- 1) Parents refuse to contribute to the student’s education;
- 2) Parents are unwilling to provide information on the application or for verification;
- 3) Parents do not claim the student as a dependent for income tax purposes;
- 4) Student demonstrates total self-sufficiency.

To be considered for a dependency override, you must be able to provide legal documentation of abuse or abandonment by your parents before the age of 18. In such cases, a dependency override **MIGHT** be warranted. If you feel this is the case, you may petition for a waiver of federal regulations. ***We must emphasize that this type of appeal is rarely granted.***

A. PROVIDE THE FOLLOWING

One:	Attach a letter explaining: A. Circumstances of your estranged relationship with your parents, explain with details. B. Identify the location of both parents, date of last contact, and description of the contact. C. Why you cannot obtain required parental information needed to complete your FAFSA. D. Why your parents are not providing your financial support. E. How you support yourself; When did you start meeting your expenses without parental support? How have you provided for yourself? F. Any support you get from friends and relatives (financial or other means such as rent, food, car, utilities etc.).			
Two:	Attach your 2019 and 2020 IRS Tax Return Transcripts (or 1040 Tax Return) and W-2 forms. If possible attach your parent(s) 2019 IRS Tax Return Transcript (or 1040 Tax Return) and W2 forms.			
Three:	Provide copies of legal documents from; court, Family Services, or other supporting documents that explain your petition.			
Four:	Provide a copy of your rental leases and/or receipts, utility bills, health insurance policy, and other expenses that demonstrate you are living on your own.			
Five:	Provide signed and written statements from 3 responsible adults who are aware of your situation and can validate the facts you present in your letter. At least one statement must be from someone who is not a relative or friend and must be signed and written on official letterhead (ie: social worker, clergy, counselor, or similar official).			
	Name:	Job Title:	Relationship:	Phone:
1.				
2.				
3.				

B. INCOME SUPPORT INFORMATION

PARENTAL SUPPORT INFORMATION:

Itemize below the support you have or will receive from your parent(s) during the years indicated below. All blanks must be filled, put a "0" if no support was given.

	2019	2020	2021
Health Insurance	\$	\$	\$
Car Insurance	\$	\$	\$
Car Payments	\$	\$	\$
Room and Board	\$	\$	\$
Monthly Allowance	\$	\$	\$
Child Support	\$	\$	\$
Monetary Gifts	\$	\$	\$
Other	\$	\$	\$
Total Parental Support	\$	\$	\$

STUDENT INCOME/EXPENSES INFORMATION:

Complete the following statement of your income and expenses. All blanks must be filled, put a "0" if your answer is zero.

Student Income	2020	2021
Income (wages, salaries, tips, work-study etc.)	\$	\$
Social Security (attach benefits letter)	\$	\$
Unemployment Compensation (attach benefits letter)	\$	\$
Financial Support Received from Parents (use the total from Parental Support above)	\$	\$
Monetary Value of Any Other Support Received	\$	\$
Amount of Other Annual Income (indicate source and amount)	\$	\$
Total Student Income	\$	\$
Student Expenses	2020	2021
Housing	\$	\$
Food	\$	\$
Car Payments	\$	\$
Car Insurance	\$	\$
Car Maintenance (gas and maintenance)	\$	\$
Utilities (gas, electric, trash, phone, water, etc.)	\$	\$
Child care and/or dependent care	\$	\$
Personal (clothing, entertainment, etc.)	\$	\$
Other Income (indicate source, ie. Government assist)	\$	\$
Other Untaxed Income	\$	\$
Total Student Expenses	\$	\$

C. FAMILY INFORMATION

In the grid below list the people in your household. Include:

1. Yourself
2. Any other people that lived with you **and** you provided more than half of their support and will continue to provide more than half of their support from July 1, 2021 to June 30, 2022.

If you need more space, attach a separate page.

Full Name	Birthdate	Relationship	College Currently Attending (at least half-time)
<i>Example: Martha Jones</i>	<i>mm/dd/yy</i>	<i>Sister</i>	<i>Central University</i>
		Self	SFCC

D. INCOME TAX INFORMATION TO BE VERIFIED

Check only one of the boxes below, then...	Submit the following required document(s)
<input type="checkbox"/> I filed or will file a 2019-1040 US Individual Income Tax Return.	➤ 2019 IRS Tax Return transcript or ➤ 2019-1040 US Individual Income Tax Return (signed and dated) and Schedules 1, 2, 3 & C. <ul style="list-style-type: none"> • Did you file a: <ul style="list-style-type: none"> Schedule 1 Schedule 2 Schedule 3 Schedule C
<input type="checkbox"/> I corrected my 2019-1040X IRS Amended Tax Return.	➤ 2019-1040X IRS Amended Tax Return (signed and dated) and ➤ 2019 IRS Tax Return Transcript with the original tax information or ➤ 2019-1040 US Individual Income Tax Return (signed and dated)
<input type="checkbox"/> I worked but I am not required to file a 2019-1040 US Individual Income Tax Return. <i>*If your total income was below \$10,000, please complete section below.</i>	➤ 2019 W-2 or ➤ 2019 1099-MISC <i>If you misplaced your W-2, you can request a duplicate from your employer or by going to www.irs.gov. and</i> ➤ Form 4506-T and request Verification of Non-Filer letter and ➤ SFCC Verification of Non-Filer form (NTXI22/NTXP22)
<input type="checkbox"/> I did not work and will not file a 2019-1040 US Individual Income Tax Return. Signature required: X: _____	➤ Form 4506-T and request Verification of Non-Filer letter and ➤ SFCC Verification of Non-Filer form (NTXI22/NTXP22) and ➤ Fill out the section below.

If you did not file a 2019 tax return or you filed a 2019 tax return with less than \$10,000 in wages, please explain how you paid for your living expenses from 2019 to present. Include: monies received from all types of federal and state government assistance; support from other family or relatives; support from private or community resources. Provide an estimate of the cost for the year for food, rent and utilities. **Note: Additional documentation may be required.**

E. ASSET INFORMATION

Note: All blanks will be considered "0" zero.

Student	Current Amounts
\$	Current total of cash, savings account(s) and checking account(s) combined
\$	Current net worth* of your investments including trust funds, mutual funds, money market account, CDs, stocks and bonds, real estate (excluding the home you live in.) <i>*Net Worth= current value of investments-debt</i>
\$	Current net worth of your business and/or investment farms. Do not include a family farm you live on or the family business with 100 or fewer full time (or full time equivalent) employees.

F. SIGN THIS REQUEST

During the review process the SFCC Financial Aid Office may ask you for additional documentation. This may be necessary to better understand the extraordinary circumstances involved in your situation.

By signing this worksheet, I certify that all information reported is complete and accurate. I understand that if I knowingly give false or misleading information I may be fined, sentenced to jail or both. I understand that incomplete and/or unsigned forms will be marked as incomplete (red flag) and delay the review process.

Student Signature: _____ Date: _____

State Fair Community College does not discriminate on the basis of race, color, national origin, sex, disability, religion, sexual orientation, veteran status, or age in its programs activities or employment. The Director of Human Resources and Dean of Student and Academic Services are the designated persons to handle inquiries regarding the nondiscrimination policy. Both persons are located at the SFCC Sedalia Campus, Hopkins Building, 3201 W. 16th St., Sedalia, MO 65301(660) 596-7484 or (660) 596-7393. Inquiries also may be directed to the U.S. Department of Education, Office of Civil Rights at OCR.KansasCity@ed.gov. Interested persons may obtain information of the existence and location of services that are accessible to and usable by persons with disabilities by contacting the Access Coordinator, Yeater Building, Room 159, (660) 596-7293.

Financial Aid Office Use Only	
_____ Approved _____ Denied	Date: ____/____/____ Date Student Notification Letter Sent: ____/____/____
Date FAFSA Information Updated: ____/____/____	

Documents will be accepted for verification until 5:00 pm on the following deadline dates for each semester:

Fall 2021 – January 30, 2022; Spring 2022 – June 30, 2022 and Summer 2022 – August 31, 2022.

Return this worksheet and all other required documents to:

State Fair Community College, Financial Aid Office
3201 West 16th Street
Sedalia Mo 65301

Fax: (660) 530-5820
Email: финаid@sfccmo.edu