



## INSTRUCTIONS FOR A DEPENDENCY OVER-RIDE 2008-2009

1. You may request a paper application from the U.S. Department of Education by calling 1-800-433-3243 or by visiting [http://fsa.ed.gov/fafsa/fafsa\\_options.html#pdfFafsa](http://fsa.ed.gov/fafsa/fafsa_options.html#pdfFafsa).
2. Please complete the paper FAFSA; and mail it to the Financial Aid Office for the Director's signature. You may also request a pin number at [www.pin.ed.gov](http://www.pin.ed.gov) and complete the FAFSA application online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov) and leave all parental information blank. Your application will be rejected; but the Financial Aid Office will receive a copy if you list our school code (003611) on the application. The Financial Aid Office will make the appropriate corrections to your rejected application when your dependency over-ride is approved.
3. Submit your dependency override application and reference forms to the SPC Financial Aid Office. Call for an appointment if you cannot obtain any of the requested information.

### WE NEED A MINIMUM OF THE FOLLOWING:

- a. Three references from teachers, counselors, attorneys, pastors, long-term family friends and the person with whom you currently reside. Please do not submit reference forms from other students unless that is the person with whom you currently reside.
- b. One Dependency Over-ride Application in which you are given the chance to explain your situation. Please be specific; and attach an extra form if you need more space.
- c. Your signed tax returns for the last two years (or W-2 forms if you did not file a return).
- d. Please list your untaxed income on Worksheet B of the FAFSA form and on the Independent Verification Worksheet or the Low Income Statement if you are asked to complete those forms. **Please list the value of housing and food that was provided to you free of charge. Also, please list the value of any bills that were paid by someone else on your behalf.**

*We may request other documentation that is unique to your situation.*

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE FINANCIAL AID OFFICE AT (806) 894-9611 ext. 3800 or [finaid@southplainscollege.edu](mailto:finaid@southplainscollege.edu). Thank you.

Office of Financial Aid  
South Plains College  
1401 College Avenue, Box B.  
Levelland, TX 79336

08-09 DEPENDENCY CHANGE REQUEST - APPLICANT

Student Name \_\_\_\_\_ SS# \_\_\_\_\_ Phone \_\_\_\_\_  
(Your social security number is being requested because it is a unique identification number that is maintained for the purpose of verifying that the correct student record is being updated, for tracking purposes and for state and federal report requirements.)

My current permanent address is \_\_\_\_\_

I have lived at this address since \_\_\_\_/\_\_\_\_/\_\_\_\_

Is the residence listed above owned by a relative? Yes \_\_\_ or No \_\_\_

If yes, how are you related? \_\_\_\_\_

Did you live with either parent during the past calendar year? Yes \_\_\_\_\_ or No \_\_\_\_\_

If yes, what was the last day you lived with them? \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you receive now or have you received in the past year any financial support from your parents (such as monetary gifts, payment of bills, cash for expenses, etc.)? Yes \_\_\_ or No \_\_\_.

If yes, please indicate the amount for 2007 \$ \_\_\_\_\_

When you stopped receiving the support. \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you covered by a health insurance plan? Yes \_\_\_ or No \_\_\_.

If yes, who pays the premium? \_\_\_\_\_

Did anyone besides yourself claim you as a TAX EXEMPTION on their 2007 Tax Return? Yes \_\_\_ or No \_\_\_

If yes, what is the name and relationship to you? \_\_\_\_\_

Will you be operating a motor vehicle? Yes \_\_\_ or No \_\_\_

If yes, give year, make, and model \_\_\_\_\_

Who owns the title to the vehicle? \_\_\_\_\_

What is the name of the company that insures the vehicle? \_\_\_\_\_

In whose name is the policy written and how are you related? \_\_\_\_\_

Please explain briefly what your circumstances are for requesting a change in your dependency status:

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

CERTIFICATION: I certify that all the information on this form is true and correct to the best of my knowledge. I understand that if all of the information requested above and supporting documentation requested below is not supplied, that no action will be taken on this request. I give permission to the Office of Student Financial Aid at South Plains College to verify any of the information submitted with this request.

\_\_\_\_\_  
Student's Signature Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Note: This request must be accompanied with a copy of your 2007 U.S. Income Tax Return or notarized affidavit of non-filer status and reference letters from three people who can verify your situation (example: close relative, accountant or attorney, counselor, pastor, parent, or others).

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For Financial Aid Use Only

Action Taken: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

FAO Signature \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_



08-09 DEPENDENCY CHANGE REQUEST - REFERENCE

Name of Applicant \_\_\_\_\_ SS# \_\_\_\_\_

(Your social security number is being requested because it is a unique identification number that is maintained for the purpose of verifying that the correct student record is being updated, for tracking purposes and for state and federal report requirements.)

How long have you known the applicant? \_\_\_\_\_

Are you related to the applicant? Yes \_\_\_ or No \_\_\_ If so, how? \_\_\_\_\_

With whom does the applicant reside? \_\_\_\_\_

To your knowledge, has anyone claimed the applicant as an income tax exemption for the following years:

2006 Yes \_\_\_ No \_\_\_ If yes, who? \_\_\_\_\_

2007 Yes \_\_\_ No \_\_\_ If yes, who? \_\_\_\_\_

Please explain briefly what you know to be the applicant's situation. If you should need more space to explain, please attach a letter or use the back of this form.

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I certify that all the information on this form is true and complete to the best of my knowledge. I also understand that I may be contacted if further information is needed.

Name of Reference (please print) \_\_\_\_\_

Signature \_\_\_\_\_

Street Address, P. O. Box, Etc. \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Official Title or Relationship to Applicant \_\_\_\_\_

Telephone (      ) \_\_\_\_\_

Best time to be reached \_\_\_\_\_ Date \_\_\_\_\_

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

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