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Request for Dependency Override 2015 - 2016

Print Student's Name (First Name, Last Name) _____

Student ID: _____

You indicated on your FAFSA that you are unable to provide parental data. Your FAFSA must be reviewed by our office to determine your eligibility. Federal regulations permit financial aid administrators to make dependency overrides on a case-by-case basis for students with unusual circumstances.

However, **none** of the conditions listed below, individually or in combination, qualify as unusual circumstances meriting a dependency override:

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

Unusual circumstances do include an abusive family environment or abandonment by the student's parents. If you do have unusual circumstances, complete this form to request a review of your current dependent status.

To be considered for a dependency override, the following documentation must be submitted along with this form.

1. Student's Statement of Independence – see page 2
2. Third Party Affirmation from a professional that is not a relative (i.e., social worker, teacher, clergy, etc.) who has personally witnessed the unusual circumstances - see page 3
3. Additional documentation that supports your claim of independence based on the unusual circumstances listed above (i.e., court documentation, death certificates, incarceration notice, police report, etc.)

I certify that the information listed on this form and all supporting documents concerning my request for a dependency override are correct and complete. I also understand that all decisions are final and if the dependency override is denied that parental information will be required to process my FAFSA.

Student's Signature

Date

Student's Statement of Independence

You have indicated that you have unusual circumstances which prevent you from providing parental data on your FAFSA. **Unusual circumstances** include an abusive family environment or abandonment by your parents. If you do have unusual circumstances, complete this form as a statement of your current situation.

Print Student's Name (First Name, Last Name) _____ Student ID: _____

Mother's Name

Father's Name

1. Why are you unable to provide information for your FAFSA?

Mother	Father	Reason	Documentation Required
<input type="checkbox"/>	<input type="checkbox"/>	My parent is incarcerated.	Dept. of Corrections Copy of Offender Notice
<input type="checkbox"/>	<input type="checkbox"/>	My parent is deceased.	Copy of Death Certificate or Obituary.
<input type="checkbox"/>	<input type="checkbox"/>	My parent's location is unknown.	Attach a typed explanation.
<input type="checkbox"/>	<input type="checkbox"/>	My parent was abusive.	Attach a typed explanation.
<input type="checkbox"/>	<input type="checkbox"/>	My parent neglected me.	Attach a typed explanation.
<input type="checkbox"/>	<input type="checkbox"/>	My parent abandoned me.	Attach a typed explanation.
<input type="checkbox"/>	<input type="checkbox"/>	Other	Attach a typed explanation.

- 2.

When is the last time you have....	Month/Year
Lived with your mother?	/
Had contact with your mother?	/
Lived with your father?	/
Had contact with your father?	/

3. Where are your parents currently residing?

Mother's address: _____

Father's address: _____

4. Describe your living arrangements for the past year, including with whom you currently reside, along with an explanation of how you have supported yourself. Attach separate paper, if needed.

I hereby certify that the information listed on this form is true and complete.

Student Signature

Date

Third Party Affirmation

Print Student's Name (First Name, Last Name) _____

Student ID: _____

The student listed above has indicated that they have unusual circumstances which prevent them from providing parental data on their FAFSA, a federal application used to award financial aid for college. Unusual circumstances include an abusive or neglectful family environment or abandonment by their parents.

A Third Party Affirmation from a professional that is not a relative (i.e., social worker, teacher, clergy, etc.) who has personally witnessed the unusual circumstances is preferred.

You may complete this affidavit in support of this student's claim if you are not related to the student, if you are at least 25 years of age, if you have personal knowledge of the unusual circumstances, and if you have known this student for at least 3 years.

1. How long have you known this student? _____

2. Have you had any contact with :

This student's mother? ☐ Yes ☐ No

This student's father? ☐ Yes ☐ No

3. When was the last time you had contact with:

The student's mother: _____ / _____
Month Year

The student's father: _____ / _____
Month Year

4. Please **attach a typed statement** regarding your personal observations of the student's family history and the student's relationship with their parents.

Affirmant's Name (Print): _____ Age: _____

Phone: _____ Relationship to Student: _____

Address: _____

Employer: _____

Occupation: _____ Contact email: _____

I hereby certify that the information listed on this form is true and complete.

Signature

Date