Enrollment Center



1600 E. Golf Rd., Des Plaines, IL 60016, 847-635-1700, Fax 847-635-1706 7701 N. Lincoln Ave., Skokie, IL 60077, 847-635-1400, Fax 847-635-1497

2020-21 Dependency Override Appeal Application

The Reauthorization of the Education Amendments of 2008 defines an independent student as one who:

- 1. is at least 24 years old by December 31 of the award year;
- 2. is married;
- 3. is working on a master's or doctorate program;
- 4. is currently serving on active duty in the U.S. Armed Forces for purposes other than training;
- 5. is a veteran of the U.S. Armed Forces;
- 6. has children and provides more than half their support;
- 7. has dependents (other than children or spouse) who live with him/her and provides more than half their support;
- 8. is an orphan, dependent/ward of the court, or in foster care on or after age 13;
- 9. is an emancipated minor as determined by a court in the student's state of legal residence;
- 10. is in a legal guardianship as determined by a court in the student's state of legal residence;
- 11. is an unaccompanied youth who is homeless on or after July 1, 2019, as determined by the student's high school or school district homeless liaison, director of an emergency shelter, or director of a runaway or homeless youth basic center or transitional living program.

If you do not meet any of the above criteria, you are considered a Dependent student for financial aid purposes. The Department of Education considers your parent(s) the party primarily responsible for funding your education, and your financial eligibility is based on your financial information and your parent(s) financial information.

The Department of Education does allow Financial Aid Administrators to use professional judgement if a situation exists where extenuating circumstances prevent a student from being able to provide the necessary parental information. If you wish to appeal your dependent status, you must provide our office with:

- 1. a letter from the student explaining why relationship with parents is unusual, why he or she cannot provide parental data, and how he or she supported him or herself since leaving the parent(s) home;
- 2. copies of the student's 2017, 2018, and 2019 Federal income tax transcripts or signed income tax returns;
- 3. copies of apartment leases for 2017, 2018, and 2019;
- 4. copy of current pay stub;
- 5. written documentation verifying the "unusual situation" that led you to become independent of your parent(s). (A statement on letterhead from a counselor, minister, or social worker will be acceptable.);
- 6. copies of the parent's 2017, 2018, and 2019 Federal income tax transcripts or signed income tax returns;
- 7. copy of any insurance coverage (health, auto, renter's or homeowner's) showing policy holder's name;
- 8. completed 2020-21 Free Application for Federal Student Aid Application;
- 9. completed 2020-21 Independent Student Verification;
- 10. completed 2020-21 Oakton Community College Financial Assistance Information;
- 11. completed 2020-21 Dependency Override Appeal Application.

Once all of the above documentation has been submitted, the dependent status appeal committee will review your situation and make a decision.

This appeal form is subject to change without notice upon receipt of new Federal Regulations.

FOR OFFICE USE ONLY				
Date Received		Initials		

Last Name	First Na	me	Social	Social Security Number		
Please answer the follow	ving questions:					
	of financial support you currently	receive from your paren	it(s) per month \$	·		
	(s) and the source(s) of your annual persons other than your parent(s),		3, and 2019 [for example,	wages,		
2017 \$	Source(s)					
2018 \$	Source(s)	Source(s)				
2019 \$	Source(s)	Source(s)				
3. Please complete the f	ollowing statement of your annual	calendar year expenses	:			
EXPENSES (if any amounts are zero please explain)		2017 (Jan Dec.)	2018 (Jan Dec.)	2019 (Jan Dec.)		
Housing/Rent						
Food						
Transportation (car payr	ments, insurance, gas, maintenance)					
Utilities						
Child Care and/or Dep	pendent Care					
Personal (clothing, entert	tainment)					
Insurance/Medical						
Other						
TOTAL						
Student Signature		Date				
You will receive a written	n reply from a financial aid admini	strator upon review of	the documentation submi	tted. Please note that		
all documentation attac	ched to this appeal must include y	our name and social se	curity number.			
Any questions concernin	ng your dependency status may be	directed to our office at	847-635-1700.			
	FOR	OFFICE USE ONLY				
Appeal Granted:	s 🔲 No 🏻 FA Signature———		Dat	te —		