



# 2011-2012 Request for Dependency Override

Please read the filling statements and check all that apply. The following **are not** reasons for requesting a dependency override:

1. You do not live with your parents.
2. Your parents do not claim you on their income tax returns.
3. Your parents do not give you money.

Dependency Questionnaire	
1. Were you born before January 1, 1987?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. As of today, are you married?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you a veteran of the U.S. Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do you have children who will receive more than half of their support from you between July 1, 2011 and June 30, 2012?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. At any time since you turned age 13, were both your parents deceased, were you in foster care or were you a dependent or ward of the court?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you or were you an emancipated minor as determined by a court in your state of legal residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you or were you in legal guardianship as determined by a court in your state of legal residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. At any time on or after July 1, 2010, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. At any time on or after July 1, 2010, did the director of a runaway or homeless youth basic center or transitional living program determine that you are unaccompanied who was homeless or self-supporting and at risk of being homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answer <b>Yes</b> to any of these questions, per federal guidelines, you <u>are an independent student</u> . If you answer yes to 6, 7, 8, 9, or 10, additional documentation must be submitted (see document list below).	

If you **do not** meet the federal definition of an independent student, you must provide documentation that demonstrates unusual circumstances. It is important that you submit all supporting documents or your appeal will not be considered. **A complete dependency appeal consists of the following:**

If you answered yes to any of the statements listed above please submit the required documentation listed below for review and consideration.

1. A typed letter from the student explaining the unusual circumstances.
2. A minimum of two (2) references. References must be on letterhead from persons who can verify your circumstances.  
**Acceptable references include:** (all reference letters must be signed)
  - A. High school counselor, principal or superintendent
  - B. Tax accountant and/or attorney
  - C. Director of boy's ranches, children's homes, girl's towns or similar institutions
  - D. Clergy
3. A copy of your **2010 signed federal income tax** return.
4. A copy of your lease agreement OR a statement from the family or person with whom you reside.
5. Court documentation (if applicable).
6. A letter from a personal reference can be added to your application. This letter can be from a relative, friend, or other personal reference. This letter is not required to complete your application and it cannot replace one of the two formal references above.

**If you are unable to provide the requested documentation, you must explain why it is not being provided; otherwise, your request will be considered incomplete and will not be evaluated.**

The Lone Star College System is committed to the principle of EEOC. LSCS does not discriminate against individuals on the basis of race, color, gender, religion, disability, age, veteran status, nationality or ethnicity in the administration of its educational policies, admissions policies, employment policies, scholarship and loan programs, and other district or college administered programs and activities.

Approved   
  Denied   
 Signature \_\_\_\_\_   
 Date \_\_\_\_\_