



The Peninsula's Community College

2021-2022 DEPENDENCY OVERRIDE APPEAL FORM (DOAF)

Student's Name: _____ Student ID#: _____

Phone Number: _____ VCCS E-mail Address: _____

PLEASE READ CAREFULLY – AN INCOMPLETE APPEAL WILL DELAY REVIEW

Description of Dependency Status

Please provide a detailed explanation of the circumstance that is the basis for this appeal. Include the reason for why you are not able to provide parental information on the Free Application for Federal Student Aid.

Please note that the following reasons are NOT appropriate basis for an appeal of your dependency status:

- **Parents refuse to contribute to the student's educational expenses.**
- **Parents are unwilling to provide information on the FAFSA or for verification.**
- **Parents do not claim the student as a dependent for income tax purposes.**
- **Student demonstrates total self-sufficiency.**

Most appeals take approximately 6-8 weeks to complete the process. The decision of this office is final.

SECTION I: INCOME AND STATUS VERIFICATION

- **Photocopies of all marked items must be submitted before your appeal will be reviewed.**
- **Financial Aid staff cannot make copies of documents for you.**
- **All submitted documents become the property of Thomas Nelson Community College.**

The following items **MUST** be submitted along with this form and your TYPED appeal letter in order for your appeal to be considered:

- **A Complete 2021-2022 FASFA**
- **Signed 2019 IRS Tax Transcript OR 2019 Tax Non-Filer's Statement and Low Income Statement Form**
- **2019 W-2 Wage Form(s)**
- **Student's current pay stub (if employed)**
- **Current check stubs or statements for all untaxed benefits**

Supporting Documentation

Please provide at least **one letter** from a **third-party** source confirming your statements regarding your situation.

Examples of an acceptable third-party source **may** include: counselors or teachers, clergy, community groups, government agencies, medical personnel, courts, or prison administrators, human services agent, homeless shelter administrator, etc. This person should present only the facts and details considered necessary to verify your statements. This should not take the form of a personal recommendation or request for financial aid assistance, but rather should only address the circumstances surrounding your history and current living situation. Letters must be printed on third party agency letterhead. These letters must be submitted with this appeal. If you are unable to provide a letter from a third party, please provide a detailed, written letter explaining your situation and why you cannot provide third-party documentation. Legal documents that support the statements you have made regarding your situation (court documents, death certificate, etc.).

Parental Information

What is your father's current marital status? Please select/check one box:

Single Separated Married Divorced Widowed Unknown

What is your mother's current marital status? Please select/check one box:

Single Separated Married Divorced Widowed Unknown

Father's Name: _____ Telephone: _____

Father's Address: _____

Mother's Name: _____ Telephone: _____

Mother's Address: _____

Please answer the following questions:

Did you live with a parent during the 2021 calendar year? _____ Yes _____ No

If no, when did you last live with a parent? _____

Date of last contact with parent(s)? _____

Do you receive financial support or gifts from your parent(s)? _____ Yes _____ No

If yes, please list the approximate value of support received last year: _____

CERTIFICATION: Both signature and date signed are REQUIRED for this appeal.

"I certify the information contained in this DOAF and any supporting documentation or statements are true and complete to the best of my knowledge. I will provide additional information as requested by a Thomas Nelson Financial Aid Advisor. I realize that this DOAF will be considered INCOMPLETE and will not be reviewed until all requests are honored. I understand that my financial aid application for the 2021-2022 academic year will be selected for verification to confirm the documents and statements submitted with this appeal. I further understand any false information will be cause for the denial, reduction, and/or repayment of student financial assistance and may subject me to a fine, imprisonment, or both under the provisions of the U.S. Criminal Code."

Student's signature

Date