



****EFFECTIVE FOR THE 2021-2022 AID YEAR****

Beginning with the 2021-2022 Aid Year (Summer 21, Fall 21, and Spring 22), we will be using a Financial Aid Document Portal for students to upload all requested Financial Aid Forms that are listed as “Unsatisfied Requirements” in your LoLA account and any additional information that we may request to process your financial aid.

Instructions for getting your forms in LoLA:

From LDCC Homepage www.ladelta.edu

Log onto LOLA – with your username and password

Under Self Service BANNER – click on FINANCIAL AID

Under Financial Aid Links-Click on Louisiana Delta Community College

Select the 2021 -2022 Award Year from the drop down and view your requirements

“Unsatisfied Requirements” will be displayed. Click on forms requested and a PDF form(s) should display

You must **first** save the PDF fillable form(s) on your desktop, laptop, or phone. Next, complete, sign (student and parent if needed; you may also sign with a digital signature), and upload them to the “**Financial Aid Document Upload**” Portal at the following link:

<https://www.ladelta.edu/admissions/financial-aid/financial-aid-document-upload>

OR at www.ladelta.edu/. Click on Admissions > Financial Aid > Financial Aid Document Upload (located on the side toolbar)

You must click “BROWSE”, on the portal, to attach your completed form(s) for upload

Please check your LOLA weekly for updates



Office of Financial Aid
2021-2022 Dependency Override Request Form
And
Instructions for Third Party Documentation
Monroe Campus Phone 318-345-9005 Fax 318-345-9006

In extraordinary and documented cases, the financial aid office has the authority to use professional judgment to override a student's dependency status in order to make a student independent for the purpose of applying for financial aid. A student must be **unable** to obtain his/her parents' information because of extenuating circumstances.

Parents' unwillingness to provide the information or inability to help support the student are not acceptable reasons for an appeal. Students must submit a Dependency Override Request and three (3) third party reference letters to the Office of Financial Aid for consideration of a dependency override.

The information stated in the Dependency Override Request must be verified by a third party who is aware of your home situation and can verify the information you have provided. Examples of such persons include, but are not limited to: employer, clergy, social worker, attorney, court official, teacher, counselor, psychiatrist, psychologist, medical professional, law enforcement agent, immediate family member, etc.

Instructions for three (3) third party references:

Third party references must submit separate signed and dated statements, preferably on letterheads. Please include any information of which you have firsthand knowledge and that you feel best describes the student's situation. The following is a list of information that **MUST** be included in your letter:

- I. How long have you known the student?
- II. Your relationship to the student.
- III. When was the last time the student lived with and/or received financial support from his/her parents?
- IV. Any knowledge of his/her relationship with his/her parents, and parents' whereabouts.
- V. Steps that the student has taken to establish their independence from his/her parents.

Please make sure to include your professional title, name and type of business, business address, telephone number, and where to contact you should any additional information be required. Please see examples of acceptable supporting documentation listed below:

- **If death of parent**
 - Copy of death certificate and obituary
 - If student and parent have different last names, provide a copy of student's birth certificate
- **If parent is in jail**
 - Statement from facility or courthouse indicating jail sentence and expected release date
- **If parent(s) whereabouts are unknown**
 - Third party references must specify that parents' whereabouts are not known

**DEPENDENCY OVERRIDE REQUEST FORMS WILL NOT BE ACCEPTED WITHOUT
THE THREE (3) THIRD PARTY REFERENCE LETTERS ATTACHED!**

Dependency Override Request

Three (3) Third Party References must be attached to this form
MUST COMPLETE ALL ITEMS - DO NOT LEAVE ANY ITEM BLANK

Semester: Summer 2021 _____ Fall 2021 _____ Spring 2022 _____

Student Demographics	Name _____ Student ID # _____ Mailing Address (PO Box) _____ City _____ State _____ Zip _____ Best Contact Phone # _____ Date of Birth _____
Student's Income Information	Current Year Total Income: \$ _____ Prior Year Total Income: \$ _____ (Include all sources of income: wages, untaxed income, interest income, etc.)
Student's Present Living Arrangements	Whom do you live with? Name: _____ Relationship: _____ Monthly rent and utilities: Number of years/months at current residence: \$ _____ years _____ months
How do you support yourself and meet expenses? If your income is insufficient, explain how you support yourself (roommates, someone else is supporting you, etc.)	_____ _____ _____ _____ _____
Parent Information: (If deceased or unknown, indicate so.)	Father's Name: _____ Address: _____ City, State, Zip: _____ Mother's Name: _____ Address: _____ City, State, Zip: _____
COMPLETE BOTH SIDES OF THE FORM AND SUBMIT TO THE OFFICE OF FINANCIAL AID WITH THE THIRD-PARTY DOCUMENTATION LETTERS.	

Explain the circumstances and history behind your home situation, why you no longer live with your parents, and why they no longer support you. Circumstances for **both** parents must be mentioned. If parent(s) is deceased, a copy of official Death Certificate **must** be attached.

STUDENT CERTIFICATION

- I certify that the information provided on this form is true and correct. I also understand that it will be used to override federal regulations regarding my dependency status.
- I fully understand that to falsify any information on this form in order to receive Federal Title IV funds is a federal offense and can be punishable by fine, imprisonment, or both.
- I understand that if my situation changes in any way, if I move back with my parents or receive any kind of support from them, that I must report this information to the Office of Financial Aid.
- I understand that by signing this form, I authorize the Office of Financial Aid to contact my third-party reference and verify any information supplied on this form.

Student Signature _____ Date _____

FOR OFFICE USE ONLY:

The Office of Financial Aid has used Professional Judgment and determined that this student is:

_____ INDEPENDENT _____ DEPENDENT

Remarks: _____

FA Signature _____ Date _____

FA Signature: _____ Date: _____