



Dependency Override Form 2024-2025

Priority Dates: Fall—July 1 | Spring – December 1 | Summer – May 1

ALL FORMS MUST BE COMPLETED IN BLACK INK OR TYPED.

LAST NAME:		FIRST:	STUDENT ID #:		
STREET ADDRESS:			PHONE:		
CITY:		STATE:		ZIP:	
<input type="checkbox"/> BLUE RIVER	<input type="checkbox"/> LONGVIEW	<input type="checkbox"/> MAPLE WOODS	<input type="checkbox"/> PENN VALLEY	<input type="checkbox"/> ONLINE	

This petition is used to request a change in dependency status if you are unable to answer “yes” to one of the **Dependency Status Questions** on the FAFSA, but due to unusual circumstances, you feel that you should be considered independent. If you feel that your circumstances may be considered unusual, follow the petition process below to request a review of your circumstances. We understand the sensitive nature of these circumstances. All documentation received by our office is confidential.

Federal Guidelines

A Financial Aid Administrator (FAA) may use professional judgment on a case-by-case basis only to adjust [...] the data used to calculate [a student’s] Student Aid Index (SAI). The reason for the adjustment **must be documented (by a third party...)**, and it must relate to the special circumstances that differentiate the student—not to conditions that exist for a whole class of students. The aid administrator must resolve any inconsistent or conflicting information shown on the FAFSA before making any adjustments. An FAA’s decision regarding adjustments is final and cannot be appealed to the Department [of Education].

An FAA may conduct dependency overrides on a **case-by-case** basis for students with unusual circumstances. If the FAA determines that an override is appropriate, [they] must maintain the determination with any supporting documentation. **However, none of the conditions listed below, singly or in combination, qualify as unusual circumstances meriting a dependency override:**

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

Unusual circumstances may include human trafficking, refugee or asylee status, parental incarceration, parental abandonment, an abusive family environment that threatens the student’s health or safety, or the student being unable to locate their parents, and may cause any of the above conditions. In these and other similar cases, a Dependency Override may be warranted. Documentation is critical—it must support and include the reason for the decision and should in almost all cases originate from a third-party professional with knowledge of the student’s unusual circumstances.

Petition Process

1. **Dependency Override Form:** Complete and return this form with the required documentation, indicated below.
2. **Personal Statement:** Attach a typed, signed, and dated statement that tells us in your own words why you should be considered for a Dependency Override. Describe your relationship with your parent(s) and include any circumstances surrounding the nature of your relationship. Include information about how you provide for yourself. If you are receiving support from friends or relatives, you must describe the nature of the support.

Petition Process, continued

- 3. Supporting Documentation:** Provide documentation from at least two sources that support your request.
- At least one of the sources must be an adult professional who provides a signed and dated statement on their organization's letterhead. This individual must have direct knowledge of your circumstances or must be a professional from whom you have sought treatment or assistance. The statement must verify the circumstances described in your personal statement. Adult professionals may include *non-family* clergy members, lawyers, guidance counselors, medical doctors, mental health professionals, teachers or professors, law enforcement officers, professional staff of the Division of Family Services, and officers of the court.
 - The other source may be one of the following:
 - A responsible adult (including a family member, guardian, co-worker, friend, etc.) who provides a signed statement that verifies the circumstances described in your personal statement; or
 - Copies of appropriate court documents that verify the circumstances described in your personal statement.

Information about your biological or adoptive parent(s)

Parent 1: _____
 Name _____ Street Address _____

_____ City _____ State _____ Zip Code _____

Parent 2: _____
 Name _____ Street Address _____

_____ City _____ State _____ Zip Code _____

1. Did you live with your parent(s)/step-parent(s) during any part of the following years?

- 2022 ___ Yes ___ No If yes, for how long? _____
- 2023 ___ Yes ___ No If yes, for how long? _____
- 2024 ___ Yes ___ No If yes, for how long? _____

2. Did your parent(s)/step parent(s) claim you on their federal tax return for any of the following years?

- 2021 ___ Yes ___ No
- 2022 ___ Yes ___ No
- 2023 ___ Yes ___ No

3. Did your parent(s)/step parent(s) provide your health insurance for any of the following years?

- 2022 ___ Yes ___ No
- 2023 ___ Yes ___ No
- 2024 ___ Yes ___ No

4. Did your parent(s)/step-parent(s) provide your car insurance for any of the following years?

- 2022 ___ Yes ___ No
- 2023 ___ Yes ___ No
- 2024 ___ Yes ___ No

Student Certification – Read carefully before you sign

I certify that all information contained in this *Dependency Override* is true and correct to the best of my knowledge. I understand that Metropolitan Community College (MCC) reserves the right to request additional documentation to further verify the circumstances described in my personal statement.

I understand that submission of this form and documentation does not guarantee approval. All decisions concerning this request are final and cannot be appealed to the Department of Education. I also understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my request will be denied, and my aid eligibility may be jeopardized.

Student Signature: _____ Date: _____