

Dependency Override Request 2024-2025

Name: _____ MCC ID: _____

Email: _____ Phone: _____

Financial Aid applicants who do not meet the definition of an independent student as defined by the U.S. Department of Education who believe they are independent should read and complete this form.

The Higher Education Act allows a Financial Aid administrator to make dependency overrides on a **case-by-case** basis for students with unusual circumstances. If the administrator determines that an override is appropriate he/she must document the unusual circumstance, however **none** of the conditions listed below, singly or in combination qualify as unusual circumstances or merit a dependency change:

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

INSTRUCTIONS

NEW REQUEST FOR DEPENDENCY CHANGE CHECKLIST

If this is your first time submitting a Dependency Change request, please turn in all of the following information at the same time. We cannot process a request without all documentation and additional documentation may be requested.

1. A letter **explaining** your extenuating circumstances and why you believe you should be considered independent. Letter should clearly explain why you do not live with your Parent(s).
2. A copy of your 2022 federal income tax return, or FA-DDX IRS transfer on FAFSA. If you worked, but were not required to file a tax return please complete the Non-Tax filer form and provide a copy all W2's for any income earned in 2022. If you did not work please provide a statement for any untaxed income received in 2022..
3. Attach at least one reference letter from a friend or relative that knows about your situation and why you do not live with your parents.
4. Attach at least one reference letter from a professional such as a high school teacher, counselor, principal, superintendent, government agency or court official, doctor or clergy who know about your situation and why you do not live with your parents. Letter must be typed/written on official school or company letterhead.

Change of student's marital status from single to married:

- * Attach a copy of marriage certificate
- * Attach copy of 2022 IRS Tax Return for spouse

MC ID: _____

Name: _____

STUDENT INFORMATION

1. Where do your parents live?

Father's Address:

Street

City

State

Mother's Address:

Street

City

State

2. Where did you live in 2023?

Where will you live in 2024?

3. How are your living expenses (food, clothes, shelter) paid for? _____

4. Please list sources of income.

2024. _____

	Sources	2023 Amounts	Expected 2024 Amounts
	Income/Wages	\$	\$
	Savings	\$	\$
	Social Security Benefits	\$	\$
	TANF	\$	\$
	Unemployment Benefits	\$	\$
	Support from Others	\$	\$
	Other (Specify)	\$	\$

Processing your Dependency Change request may take up to 2-4 weeks from the time it is submitted or longer during peak registration time. Incomplete documentation will delay the review process. Any tuition and fees you owe the college are due on the date specified regardless of the status of your Dependency Change request. Payment arrangements should be made while your request is being reviewed.

Student Signature: _____

Date: _____

2024-2025 Dependency Change Request Statement: Family member or close friend

MCC ID: _____

Name of Student: _____

1. How long have you known the Student? _____
2. With whom does the Student live? _____
3. Please explain in a detailed letter what you know about the student's situation and why he/she does not live with his/her Parent(s). Please only address the facts related to the student's claim that he or she is independent.

I certify that all the information I provided on this form and the reference letter is true and complete to the best of my knowledge. I also understand that I may be contacted if additional information is needed.

Printed Name of Reference: _____

Signature of Reference: _____

Relationship to applicant: _____

Address, City, State, Zip Code & Phone Number: _____

Date: _____

2024-2025 Dependency Change Request Statement: Professional Person i.e. Teacher, Counselor, etc...

MC ID: _____

Name of Student: _____

1. How long have you known the Student? _____
2. With whom does the Student live? _____
3. Please explain in a detailed letter (on your school/company/business letterhead) what you know about the student's situation and why he/she does not live with his/her Parent(s).
Please only address the facts related to the student's claim that he or she is independent.

I certify that all the information I provided on this form and the reference letter is true and complete to the best of my knowledge. I also understand that I may be contacted if additional information is needed.

Printed Name of Reference: _____

Signature of Reference: _____

Title or relationship to applicant: _____

Address, City, State, Zip Code & Phone Number: _____

Date: _____