

Mohawk Valley Community College  
Office of Financial Aid  
(315) 792-5415 Fax: (315) 731-5852

## 2019-2020 DEPENDENCY OVERRIDE REQUEST

Student's Name: \_\_\_\_\_ Student ID # \_\_\_\_\_  
(Print Name)

Current address: \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Completing this form.

For consideration of this request you must complete this form and attach the supporting documentation listed below. Incomplete applications cannot be reviewed. **Students must reapply for a dependency override each year.** \*Dependency Override approval may not carry over from one school to another.\*

### Purpose of Dependency Override.

According to federal regulations *dependent* students are required to use natural or adoptive parent's information when completing the Free Application for Federal Student Aid (FAFSA). Students born after December 31, 1996 who do not meet the federal guidelines as an independent student may be considered on a case-by-case basis. The office of student Financial Aid is allowed to use "professional judgment to determine if a student would meet the criteria to be considered *independent*. The student must provide documentation to support this request. The documentation must be consistent, and relate to the student's special circumstances.

### Circumstances to which consideration is given are as follows:

- Your Parents are either deceased, totally and permanently disabled, incarcerated, or have been declared incompetent by judicial action.
- You have been rendered financially independent due to the involuntary dissolution of your family resulting in relinquishment of your parent's responsibilities.
- You are currently receiving public assistance. Public assistance does not include food stamps, unemployment insurance, or AFDC or ADC benefits.
- Your High School or school district liaison determined that you were and unaccompanied youth who was homeless: or the director of an emergency shelter, director of runaway center or transitional living program determined you were homeless.

### The following conditions DO NOT qualify as unusual circumstances for dependency override:

- Parents refusing to contribute to the student's education
- 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 self-sufficiency

\*A student not living with their parents, does not automatically qualify for a dependency override.

**Required Documentation** (all students)

The following items must be submitted with this form for the override request to be considered. Incomplete appeals will not be considered.

1. A personal letter from you explaining the reason for your request. The letter must explain why you are requesting a dependency override, contain information on *both parents*, indicate with whom you are currently residing; and how you provided for your expenses in 2018.
2. Letters from two individuals who can attest to your situation.

One letter on *official letterhead* from a professional that is not related to you – a counselor, social worker, clergy, peace officer, or the organization with which you live.

A second letter from a family member (e.g. Grandparent, Uncle, Aunt or sibling) that does not reside with you.

Each letter must be signed and include the individuals name, title or position, relationship to you, mailing address, and phone number.

**Student's Certification.**

I certify that the information I have submitted for a possible Dependency Override is correct and true to the best of my knowledge.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Is this a New Request or Renewal? \_\_\_\_\_

**Financial Aid Office Use Only**

Comments: \_\_\_\_\_

Approved: \_\_\_\_\_ Denied \_\_\_\_\_

Reviewer: \_\_\_\_\_ Date: \_\_\_\_\_