2018-2019 Request for Dependency Override Form

Name (Print clearly): ____________________________ MCC ID: ____________

Please select the circumstance that applies to you and submit the required documentation with this signed form to the Student Financial Services Office. Note: Dependency overrides do not carry over from one year to the next. SELECT ONE.

- **Renewal**: I am completing this form to confirm the circumstances that led to my previous Dependency Override approval are, to the best of my knowledge, still the same. **I understand a previous approval does not guarantee a renewed approval.** I also agree to provide further documentation supporting my situation, if necessary.

  Required Documentation:
  1. Mott Community College V1-I Independent Verification Worksheet.
  2. A detailed typed letter from you explaining your current situation.

- **Your custodial parent has died and the other natural parent is still living.** You, however, have not had contact with the living parent for a significant period of time.

  Required Documentation:
  1. Mott Community College V1-I Independent Verification Worksheet.
  2. All of your 2016 W-2 statements if you did work.
  3. A detailed typed letter from you explaining the situation.
  4. A copy of your birth certificate.
  5. A copy of the death certificate of the deceased custodial parent.
  6. A letter from an objective third party which supports your claim.

- **Your family situation is unstable.** The dysfunction may result from physical abuse, emotional abuse, or drug or alcohol abuse. As a result of the abuse, a professional counselor has counseled you to live apart from your parent(s).

  Required Documentation:
  1. V1-I Independent Verification Worksheet
  2. All of your 2016 W-2 statements if you did work.
  3. A detailed typed letter from you explaining the situation.
  4. A copy of your birth certificate.
  5. An official letter from a social worker, psychologist, a doctor, a high school counselor, a teacher, or another counseling professional explaining the situation.
  6. Police reports/Court Documentation if applicable.

- **You are 22 or 23 in age and are unaccompanied and homeless or unaccompanied and self-supporting and at risk of being homeless.** **Required Documentation:** (on back side) →
Request for Dependency Override Form continued…

You are 22 or 23 in age and are unaccompanied and homeless or unaccompanied and self-supporting and at risk of being homeless

Required Documentation:
1. V1-I Independent Verification Worksheet.
2. All of your 2016 W-2 statements if you have worked.
3. A detailed letter from you explaining the situation. The explanation must include why you are not with your parent(s) AND the date you became homeless or at risk of being homeless.
4. Copy of your birth certificate.
5. One or more of the following:
   a) Documentation from a school district homeless liaison or director (or designee) of a runaway or homeless youth basic center or transitional living program showing you were unaccompanied and homeless or self-supporting and at risk of being homeless.
   b) Documentation from the director (or designee) of an emergency or transitional shelter (example: FEMA trailers).
   c) Documentation from the director (or designee) of a homeless shelter.
   d) Eviction notice of your residence.
   e) An official letter from a social worker, psychologist, a doctor, a high school counselor, a teacher, or a counseling professional explaining your homeless or at risk of being homeless situation.
   f) Documentation showing your residence is substandard (doesn’t meet building codes, utilities turned off, etc…).
   g) Documentation showing you are living in motels or camp grounds.

By signing below, I confirm the circumstances explained are true and I agree to provide additional documentation supporting my situation, if necessary. Appeals submitted without the required documentation will be denied.

_______________________  __________________________  _______  ______
Student Signature                      MCC ID:                  Date