

# 2011-2012 Review for Dependency Override

**Student Name**

**Student ID #**

**SSN #**

(Please Print)

The primary responsibility for financing a college education rests with the student and parents. Many students feel they are independent because they are currently living on their own or because their parents no longer claim them on their income taxes. The Financial Aid Office is required by federal law to consider parent information unless the student meets specific criteria as defined on the FAFSA. Parent refusal to contribute to education costs or provide income information is not by itself, a basis for a review.

We may be able to override your dependent status if unusual family circumstances exist that make it impossible for you to have contact with your parents. **Examples are:**

- A parent is in prison or hospitalized.
- You have been physically abused by parent(s).
- Your parent(s) live out of the country and you are unable to maintain contact with them.
- Other extraordinary circumstances that may warrant our consideration.

If your family situation involves an extreme circumstance such as those described above, you may appeal your dependent status.

**Before our office will consider any changes regarding dependency status, you must complete the appropriate sections of this form and provide supporting documentation. This office may request additional information for consideration of your review.**

**PART I -- To Be Completed By All Students**

Must attach the following documents to this form:

\_\_\_\_\_ A letter from you describing your relationship with your parent(s). Both parents must be addressed in the letter. Include the circumstances that prevent you from obtaining parent information. Also explain your relationship with the third party source who is writing the **notarized** letter requested below.

\_\_\_\_\_ A **notarized** letter describing your relationship with your parents from a third party source (i.e. guidance counselor, teacher, or social worker). The third party must explain their association with you. Include the circumstances that prevent you from maintaining contact with your parents.

\_\_\_\_\_ A completed 2011-2012 Free Application for Federal Student Aid (FAFSA)

\_\_\_\_\_ A copy of your 2010 US Income Tax Return.

**Please answer the following questions:**

Where did you live in 2010?      \_\_\_\_\_ On campus      \_\_\_\_\_ Off campus      \_\_\_\_\_ With parent(s)  
 Where will you live in 2011?      \_\_\_\_\_ On campus      \_\_\_\_\_ Off campus      \_\_\_\_\_ With parent(s)

**Yes/No**

Did / will your parent(s) / legal guardian(s) claim you on their federal tax return in 2010/2011?      \_\_\_\_\_

Did / will your parent(s) / legal guardian(s) provide your health insurance for 2011/2012?      \_\_\_\_\_

Did / will your parent(s) / legal guardian(s) provide your auto insurance for 2011/2012?      \_\_\_\_\_



**Means of Support:**

	2010	List all types and amounts
Work income	\$ _____	_____
Untaxed income	\$ _____	_____
Other resources	\$ _____	_____
Student Financial Aid	\$ _____	_____

**Part II -- To Be Completed If You Are A Divorced Student Under The Age Of 24**

If you are divorced, under 24, and not living with or supported by your parent(s):

- Write a detailed explanation, including the dates of your marriage and divorce and your current source of income.
- Attach a notarized letter from your parent(s) verifying that you do not reside with them and do not receive support from them.

**Part III -- Certification Statement**

Upon submitting all documents, your request for independent status will be reviewed by a Financial Aid Committee. Written notification of the Committee's decision will be mailed to you within 20 business days, depending on the volume of requests. **ALL COMMITTEE DECISIONS ARE FINAL**

I certify that the submitted information is true and correct to the best of my knowledge.

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

Local Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Area Code \_\_\_\_\_ Telephone \_\_\_\_\_

**For Official Use Only**

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Notification to Student \_\_\_\_\_

Comments:

	_____
	_____
	_____
	_____
	_____
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The Maricopa Community College District is an EEO/AA Institution

Student Financial Services  
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