



## 2024-25 Dependency Override Request Form

Student Information	
<b>Name:</b>	<b>942#</b>
<b>Phone number:</b>	<b>Email:</b>
<b>Address:</b>	

Dependency status for financial aid is established by the US Department of Education when you complete your Free Application for Federal Student Aid (FAFSA). Only unusual documented circumstances beyond the student’s control may result in a dependency override. According to federal regulations, exceptions cannot be granted due to a parent’s unwillingness to apply for financial aid or contribute to educational expenses or because a student is self-supporting.

Examples of unusual circumstances include but are not limited to parental abandonment, incarceration, parental mental incapacity, physical or emotional abuse, drug abuse, or severe estrangement.

If, after reviewing the above information, you feel that the circumstances in your family warrant a dependency override, complete the Change in Dependent Status Form. You will also need to submit

**ALL of the following:**

1. **Submit a formal, written statement explaining your unusual circumstances.**
2. **Submit letters from third parties who know your situation and who can verify your circumstances. Letters from relatives are acceptable, but at least one letter MUST be on letterhead from a clergyman, guidance counselor, physician, or social worker. Include a telephone number and an address on all letters.**
3. **Submit a signed and completed Verification Worksheet.**
4. **Submit your Federal Tax Return Transcript for the most recent tax year OR if you did not file a federal tax return, please explain in your written statement how you are financially supported and obtain a Verification of Non-Filing Letter from the IRS.**
5. **Other documentation to support your unusual circumstance.**

Please furnish all required documents to avoid a processing delay that may result in denial. The Financial Aid Office may also request additional documentation from you or a third party. You will be notified in writing of the decision within 3-4 weeks of its submission.

All information and documentation provided are considered confidential and protected under the Family Educational Rights and Privacy Act (FERPA), part of the Privacy Act of 1974. The Financial Aid Office for Mountwest CTC, in compliance with Title VI of the Civil Rights Act of 1964, and Title IV of the Higher Education Act of 1965, P.L. 89-329, as amended, does not discriminate based on race, color, national origin, disability, age, or sex in any of its policies, practices or procedures.

Please read this entire form before completing it. If you cannot answer an item, explain why in the Comments section. You must file your Free Application for Federal Student Aid ([FAFSA](https://studentaid.gov/apply-for-aid/fafsa/filling-out)) before submitting this request: <https://studentaid.gov/apply-for-aid/fafsa/filling-out>. The Financial Aid Office reserves the right to request additional information

## HOUSING INFORMATION

Where do/will you reside when classes are in session?

- Rented property—attach a copy of your lease or a statement from the landlord and at least one canceled check or receipt (if available)
- With a relative other than the parent—attach a statement from the relative(s) indicating what financial arrangements are in effect
- Other—specify: \_\_\_\_\_

Where do/will you reside during periods when classes are not in session? \_\_\_\_\_

Do you share some/all of your housing expenses with others?

- No
- Yes—specify the name of each person, their relationship to you, and how much each contributes  
➤ \_\_\_\_\_

## INCOME INFORMATION

Did you file a 2022 and/or a 2023 Federal Tax Return?

- Yes—attach a 2022 and/or a 2023 Federal Tax Return Transcript from the IRS
- No—explain how you were financially supported in 2022 and who may claim you as an exemption for tax purposes \_\_\_\_\_

Are you currently employed?

- Yes
- No

Do you receive any additional sources of income?

- Yes—complete the ***Additional Income*** section below
- No

### ***Additional Income***

Record the source and monthly amount you receive in additional income.

- Source: \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_
- Source: \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_

## **Certification and Signatures**

Signing this worksheet certifies that all the information it reports is complete and correct.

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_