

APPEAL FOR DEPENDENCY OVERRIDE 2020-21 School Year

Student Name _____ ID Number _____

Address _____
City, State _____ Zip Code _____

Telephone Number: _____ E-mail Address: _____

Completion of this form does not guarantee a student to be granted Independent status for the current Financial Aid school year. (The Financial Aid Office will need to review this form and the supporting documents before making a determination.)

Dependency overrides are intended for students who have exceptional circumstances, and will be reviewed on a case-by-case basis to determine if individual students have special circumstances that warrant a Dependent Override from dependent to independent status for Financial Aid purposes.

- We cannot approve requests for students whose sole reason for the request is because their parents (or adopted parents) are unwilling to provide parental information, or for students who have chosen to live on their own.

Examples of exceptional circumstances:

- an abusive (emotionally or physically, unhealthy, or unsafe home environment
- abandonment of the student by the parent(s)
- removal or relocation of the student from the parent(s) home by court order; and/or
- other unusual or extraordinary circumstances, events, or incidents you may want us to review

Follow the Steps below, and submit the required information listed:

Step 1: Reason for Appeal: _____

Step 2: Submit a Signed/Dated Personal Statement

Attach a signed/dated statement that explains in detail the extreme, unique and/or unusual family circumstance(s) that prevents you from obtaining and providing your parents' information for your financial aid application. Include:

- A history of events with dates
- Explain how these events led to the eventual deterioration/dysfunction in the parent/child relationship between you and your parent(s)
- Describe your current relationship (even if non-existent) with your parent(s)

Step 3: Submit Additional Documentation

- ▶ Independent V1 Verification Worksheet and all required documents to complete the verification process
- ▶ Submit **three** signed/dated letters substantiating and documenting the existence of your unusual circumstance.
 - Two of these letters must be on letter head from a professional (counselor, therapist, doctor, member of the clergy, social worker, etc.). They should be knowledgeable about your family situation and can verify the reason you are unable to provide your parents' information.
 - The third letter can be from another person having comprehensive knowledge regarding the existence of your unusual circumstances. (Make sure the person's name, address and phone number appear on the letter.)

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Step 4: Read and Sign

Please note:

- If your appeal is incomplete or submitted without the necessary documentation, processing of your appeal will be delayed until the additional information is obtained.
- Submission of an appeal does not guarantee your request will be approved.
- If approved, the dependency override is valid for only one academic year. Approval in one year does not guarantee approval in subsequent years. Your status must be reassessed each academic year.
- You will be notified by email regarding the outcome of your dependency override request.
 - A. If your appeal is accepted, the override will be submitted to the Department of Education, and you will receive a Student Aid Report (SAR) reflecting your independent status. An award letter will then be processed and mailed to you.
 - B. If your appeal is not accepted, the MATC Financial Aid Office will notify you via email.

STUDENT CERTIFICATION:

I certify that the information provided on this form is true and correct. I also understand that it will be used to override federal regulations regarding my dependency status. I fully understand that to falsify any information on this form in order to receive Federal Title IV funds is a federal offense and can be punishable by a fine, imprisonment, or both.

I understand that if my situation changes in any way, if I move back with my parents or receive any kind of support from them, that I must report this information to the Financial Aid Office. I understand that by signing this form, I authorize the Financial Aid Office to contact my third-party reference and verify any information supplied on this form.

Signature _____ Date _____