

# Dependency Override Request 2025-2026

Name: \_\_\_\_\_ MCC ID: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

If you are required to provide your parent's information on the FAFSA form but are unable to do so because of unusual circumstances, MCC may be able to waive the requirement of your parent's information.

The process to request this waiver is called the Dependency Override Request

## Examples of Qualifying Unusual Circumstances:

- An abusive family environment
- Abandonment by your parents
- Incarceration or institutionalization of both parents
- Parents cannot be located

This is not a complete list. If you believe you have unusual circumstances, please complete this form and explain the situation with your parents.

## Examples of circumstances that **Do Not** Qualify as Unusual:

1. Parents refuse to contribute to the student's education;
2. Parents are unwilling to provide information on the FAFSA or for verification;
3. Parents do not claim the student as a dependent for income tax purposes;
4. Student demonstrates total self-sufficiency.

## How to request a Dependency Override:

### Follow these steps to request a Dependency Override:

- **Complete a FAFSA for the current school year. at <https://www.studentaid.gov> You must have a FAFSA Application on file before you can submit the Dependency Override Request.**
  - **Submit Dependency Override Request form including:**
    1. A letter **explaining** your extenuating circumstances and why you believe you should be considered independent. Letter should clearly explain why you do not live with your Parent(s).
    2. Attach at least one reference letter from a friend or relative that knows about your situation and why you do not live with your parents.
    3. Attach at least one reference letter from a professional such as a high school teacher, counselor, principal, superintendent, government agency or court official, doctor or clergy who know about your situation and why you do not live with your parents. Letter must be typed/written on official school or company letterhead.
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MC ID: \_\_\_\_\_

Name: \_\_\_\_\_

**STUDENT INFORMATION**

1. Where do your parents live?

Father's Address:

Street

City

State

Mother's Address:

Street

City

State

2. Where did you live in 2024?

Where will you live in 2025?

3. How are your living expenses (food, clothes, shelter) paid for? \_\_\_\_\_

4. Please list sources of income.

2025. \_\_\_\_\_

	Sources	2025 Amounts	Expected 2026 Amounts
	Income/Wages	\$	\$
	Savings	\$	\$
	Social Security Benefits	\$	\$
	TANF	\$	\$
	Unemployment Benefits	\$	\$
	Support from Others	\$	\$
	Other (Specify)	\$	\$

**Processing timeline**

**It's our goal to review student requests and provide an approval or denial as soon as possible, usually within two to four weeks of receiving the student's completed Dependency Override documents. Students will be notified of MCC's decision on their Request by email.**

**If your Dependency Override Request is denied, then you must either include your parent's information on your FAFSA or submit a Parent Refusal Form to request a Federal Unsubsidized loan.**

# 2025-2026 Dependency Change Request Statement: Family member or close friend

MCC ID: \_\_\_\_\_

Name of Student: \_\_\_\_\_

1. How long have you known the Student? \_\_\_\_\_
2. With whom does the Student live? \_\_\_\_\_
3. Please provide a detailed explanation of what you know about the student's situation and why he/she does not live with his/her Parent(s). Please only address the facts related to the student's claim that he or she is independent.

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I certify that all the information I provided on this form and the reference letter is true and complete to the best of my knowledge. I also understand that I may be contacted if additional information is needed.

Printed Name of Reference: \_\_\_\_\_

Signature of Reference: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Address, City, State, Zip Code & Phone Number: \_\_\_\_\_

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

# 2025-2026 Dependency Change Request Statement: Professional Person i.e. Teacher, Counselor, etc...

MC ID: \_\_\_\_\_

Name of Student: \_\_\_\_\_

1. How long have you known the Student? \_\_\_\_\_

2. With whom does the Student live? \_\_\_\_\_

3. Please provide a detailed explanation of what you know about the student's situation and why he/she does not live with his/her Parent(s).

Please only address the facts related to the student's claim that he or she is independent.

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I certify that all the information I provided on this form and the reference letter is true and complete to the best of my knowledge. I also understand that I may be contacted if additional information is needed.

Printed Name of Reference: \_\_\_\_\_

Signature of Reference: \_\_\_\_\_

Title or relationship to applicant: \_\_\_\_\_

Address, City, State, Zip Code & Phone Number: \_\_\_\_\_

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