



**NORTHWEST**  
MISSISSIPPI COMMUNITY COLLEGE

## REQUEST FOR DEPENDENCY OVERRIDE Extenuating Circumstances 2022-2023

*Financial Aid Office*  
4975 Hwy 51 N  
Senatobia, MS 38668  
Phone: 662-562-3271  
[www.northwestms.edu](http://www.northwestms.edu)

A student is considered dependent if he/she is under 24 years of age, unmarried, or has no children whom he/she is actively supporting. Dependency overrides are intended for students who can prove and fully document exceptional circumstances, such as:

- the student suffered verifiable, documented parental abuse and contact with the parent would put the student in danger emotionally or physically, or
- the parent is mentally handicapped.

The following are **NOT** circumstances which may be considered to change a student's dependency status:

- The student has been supporting himself/herself for a time.
- The student has been supported by other relatives or friends for a time.
- The student does not live with his/her parents.
- The student is angry with the parents (or the parents are angry with the student) and wishes not to speak to them.
- The parents are able but unwilling to provide their information and/or contribute to student's educational expenses.
- The parents are living in another state or country.
- The parents are not claiming a student as dependent for federal income tax purposes.

The Dependency Override Request process begins after our office receives all necessary documents. If your request is approved, corrections, if necessary, will be made to your FAFSA information. Once the processed information is received, the Financial Aid Office will re-evaluate your financial aid eligibility.

Note the following information as you complete your Dependency Override Request:

- Thorough documentation is required to explain and verify your current situation. Income information originally provided on your FAFSA will also be verified. If your request or documentation is **incomplete**, it will be returned **WHICH WILL CAUSE DELAYS**.
- The purpose of this request is to assess your additional need due to personal circumstances. There is no guarantee an approval will result in more aid or different types of aid awarded to you. The benefit to you, if any will be influenced by: a) the types of financial aid for which you qualify, b) your current financial aid package and c) the maximum amounts allowed in federal and state financial aid programs.
- A Dependency Override Request must be completed each year. Policies and procedures are subject to change annually as influenced by institutional and regulatory changes.

If you have any questions regarding the Dependency Override Request, please contact our office.

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Student's Name: \_\_\_\_\_

Student's Social Security Number \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

Parent(s):	Mother	Father
Name:	_____	_____
Address:	_____	_____
Phone:	_____	_____

Is your mother living? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your father living? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are your biological parents still married to each other? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If not, what year did they separate/divorce? \_\_\_\_\_

Are your parents' citizens or permanent residents of the USA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Which parent did you live with last?	<input type="checkbox"/> Mother <input type="checkbox"/> Father
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When did you move out of your parents' home?	(month/year) _____
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When was the last time you had any contact with your parents?	(month/year) _____
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When did your parents last provide any form of support?	(month/year) _____
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What are your present living arrangements? (Who do you live with, how much rent do you pay, and since what date?)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you support yourself and meet your living expenses?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMPLETE THE BACK OF THIS FORM ALSO.



I certify the information provided is true and correct, and I understand it will be used to override federal regulations regarding my dependency status. I understand if I purposely give false or misleading information in connection with my application for federal student aid, I may be subject to up to \$10,000 fine, imprisonment for up to 5 years, or both.

I understand if I move back with my parent(s) or receive any kind of parental support, I must report this to this Financial Aid Office, immediately.

You will be notified in writing of the outcome of your dependency override request. Please allow approximately four weeks from the date we receive your completed form and all supporting documents before contacting our office regarding the status of your request.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

APPROVED

DENIED

\_\_\_\_\_  
Director of Financial Aid

\_\_\_\_\_  
Date



NORTHWEST  
MISSISSIPPI COMMUNITY COLLEGE

THIRD PARTY PROFESSIONAL DOCUMENTATION  
FOR DEPENDENCY OVERRIDE REQUEST

Financial Aid Office  
4975 Hwy 51 N  
Senatobia, MS 38668  
Phone: 662-562-3271  
[www.northwestms.edu](http://www.northwestms.edu)

THIS SECTION TO BE COMPLETED BY STUDENT:

Student's Name: \_\_\_\_\_

Student's Social Security Number \_\_\_\_\_ Student ID Number: \_\_\_\_\_

The above named student authorizes you to provide the following information.

This form is to be completed by a professional outside of Northwest Mississippi Community College who is a **non-family member** and who has worked with the student's family. Acceptable professionals include your High School Guidance Counselor, Teacher, Social Worker, Clergy, Physician, Lawyer, or Family Therapist.

How long have you known the student? \_\_\_\_\_

What is your professional relationship with the student? \_\_\_\_\_

Please provide a brief statement regarding your knowledge of the student's family history and relationship with parent(s).

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If you need additional space, please attach a separate sheet.

***Please print the following:***

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

Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

\_\_\_\_\_

Signature

Date

**Please return to:** Northwest Mississippi Community College, Financial Aid Office, 4975 Hwy 51 N, Senatobia, MS 38668

SECOND REFERENCE



NORTHWEST  
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THIRD PARTY PROFESSIONAL DOCUMENTATION  
FOR DEPENDENCY OVERRIDE REQUEST

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4975 Hwy 51 N  
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Phone: 662-562-3271  
[www.northwestms.edu](http://www.northwestms.edu)

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If you need additional space, please attach a separate sheet.

*Please print the following:*

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

Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

\_\_\_\_\_

Signature

Date

**Please return to:** Northwest Mississippi Community College, Financial Aid Office, 4975 Hwy 51 N, Senatobia, MS 38668

Phone 662-562-3271 ● FAX 662-562-3915 ● [www.northwestms.edu](http://www.northwestms.edu)

THIRD REFERENCE



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If you need additional space, please attach a separate sheet.

**Please print the following:**

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Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

\_\_\_\_\_

Signature

Date

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