College of Menominee Nation

2024-2025 Request for Dependency Override

Student's Name: _____ **Student ID:** _____

1. **A personal letter of appeal explaining your request for a dependency override.** The letter should provide as much detail as possible, describing your separation from your parents. You are required to include the following documentation:

The whereabouts of your biological parents and their current living arrangements. Include your last contact with your biological parents and the frequency of contact with them over the past year(s).

- Why you cannot provide parental information on the Free Application for Federal Student Aid (FAFSA).
- Your living arrangements over the past year(s); with whom you have lived with and who has provided financial support for you.
- Your current living arrangements; with whom you live with, and who provides financial support for you.
- Your name, Social Security Number, and Signature

2. **Letters from two individuals who can attest to your situation**. Their letters should be one to two pages and provide as much detail as possible describing your separation from your parents.

- The first letter should be from a professional individual unrelated to the student – counselor, social worker, teacher, clergy, police, etc.
- The second letter should be from either a professional or non-professional individual who is familiar with your situation.
- Each letter must include the individual's name, title or position, address, and signature.
- The individuals cannot be related to each other and must reside at separate addresses.
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3. A completed and signed 2024-2025 FAFSA – leave the parent section blank.

4. A signed and dated student's 2022 Federal Income Tax transcript (If applicable).

5. Please complete the following information:

- ✓ Did anyone claim you on their 2022 Federal Income Tax Return?
  ☐ Yes ☐ No

If yes, provide the person's name and relation to the student.

Person's Name: _____

Relationship to Student: _____

Dependency override will **not** be processed until all required documents are submitted.

Student's Name: _____ **Student ID:** _____

✓ Did you receive AFDC/TANF (welfare), SSI (disability), or Social Security checks in 2022?

☐ No ☐ Yes

If yes, list the name(s) of the source, how much you received PER MONTH, and the number of months you received the benefit in 2022.

Source 1: _____ Monthly Amount: $ _____ # of Months Received: _____

Source 2: _____ Monthly Amount: $ _____ # of Months Received: _____

Provide the following information (you may be asked to provide documentation) about your expenses.

Expenses	2022 (Monthly)	Support Provided By:	2022 (Monthly)	Support Provided By:
Housing (rent, mortgage)				
Child Care				
Food				
Utilities				
Credit Card(s)				
Medical/Dental				
Clothing				
Auto (car payments, insurance, and maintenance)				
Other Personal Expenses				
Total MONTHLY Expenses				
Total YEARLY Expenses				

If any amounts are zero, explain the reason.

I certify that all the information on the form concerning my request for a dependency override is correct and complete.

_____ _____

Student Signature **Date**

For Office Use Only:

Processed By: _____ *Date:* _____

Decision: ❒*Independent* ❒*Dependent* *Student Notified:* ❒*Yes* ❒ *No*