



## Dependency Override Renewal Form 2011-2012

Student Name: \_\_\_\_\_ ID: \_\_\_\_\_

Submit this form **ONLY** if you have a Dependency Override approved by Mott Community College for a previous school year.

You are automatically considered to be an independent student and do not need to submit this form if any of the following is true:

- You are born before January 1, 1988.
- You are a veteran or on active duty in the U.S. Armed Forces (Navy, Air Force, Marines, or Coast Guard) for purposes other than training.
- You are enrolled in a masters or doctorate degree program.
- You are married as of the date you filed your original FAFSA.
- You have children who receive more than half of their support from you.
- You have dependents (other than your children or spouse) that live with you and receive more than half of their support from you and will continue to get that support through June 2012.
- You were an orphan (both parents deceased) when you were 13 or older, regardless if you were subsequently adopted.
- Since the age of 13, you were a foster child or a ward of the court, even if your status changed later.
- You are or were, upon reaching the age of majority, an emancipated minor as determined by a court in the state of your legal residence at the time of the adjudication.
- You are or were, upon reaching the age of majority, in legal guardianship as determined by a court in the state of your legal residence at the time of the adjudication. **Students in legal guardianship to their parent(s) aren't considered independent.**
- At any time on or after July 1, 2010 (regardless of whether you are currently homeless or at risk thereof), you are determined to be an unaccompanied and homeless youth **or** an unaccompanied and self-supporting and at risk of being homeless youth by your school district homeless liaison, the director (or designee) of an emergency shelter or transitional housing program funded by the U.S. Dept. of Housing and Urban Development (HUD), or by the director (or designee) of a runaway or homeless youth basic center or transitional living program.

Summarize the circumstances that led to your unintentional, involuntary, and uncontrollable break in the relationship between you and your parent(s). At this time, you are not required to submit any documentation supporting these circumstances. **However, additional documentation may be requested, if necessary.** The Review Committee will review your request and notify you, in writing, regarding its decision.

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By signing below, I confirm the circumstances that led to my previous Dependency Override approval are, to the best of my knowledge, still the same. I understand a previous approval does not guarantee a renewed approval. I also agree to provide further documentation supporting my situation, if necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Office Use Only</b>		
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Comment: _____
FAA: _____		Date: _____