OFFICE OF FINANCIAL AID AND VETERANS AFFAIRS
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Federal School Code – 008087 · https://www.montgomery.edu/financial-aid

2026-27 Request for Dependency Override for Unusual Circumstance

Student Name: _____ MCC ID# :_____

Under Federal law, to the extent they are able, your family is primarily responsible for paying for your college expenses. To determine how much your family can afford to pay towards your college expenses, we must collect your financial information and your parents' financial information.

However, Federal law allows for some exceptions, if you have a unusual circumstances. The following are **examples** of some usual circumstances where you may submit your FAFSA without providing parental information:

- Your parents are incarcerated; human trafficking; refugee or asylee status; or
- You have left home due to an abusive family environment or abandonment; or
- You do not know where your parents are and are unable to contact them (and you have not been adopted).

But not all situations are considered unusual circumstances. The following are situations that would **not** be considered a unusual circumstance:

- Your parents do not want to provide their information on your FAFSA; or
- Your parents refuse to contribute to your college expenses; or
- Your parents do not claim you as a dependent on their income taxes; or
- You do not live with your parents, or
- You demonstrate total self-sufficiency.

Directions: If you feel you have a unusual circumstance, please complete this form AND provide documentation to verify your situation. Do not leave anything blank on this form! Gather as much written evidence of your situation as you can. Written evidence may include court or law enforcement documents, letters from a clergy member, school counselor or social worker, and/or any other relevant data that explains your unusual circumstances. Your sole documentation cannot be from a friend or family member; third party documentation is required.

1. Your Address: _____
Street Apt. City State Zip

2. Your Phone #: (_____)_____ Email Address: _____

3. Your **Mother's** Name: _____

4. Your **Mother's** Address: _____
Street Apt. City State Zip

5. Your **Mother's** Phone #: _____ Email Address: _____

6. Your **Father's** Name: _____

7. Your **Father's** Address: _____
Street Apt . City State Zip

8. Your **Father's** Phone #: _____ Email Address: _____

	Mother	**Father**
9. When was the last time you lived with your parents?	_____ Month/year	_____ Month/year
10. When was the last time you had any contact with your parents?	_____ Month/year	_____ Month/year

	Mother	**Father**
11. When did your parents last provide any form of support?	_____ Month/year	_____ Month/year

12. What are your present living arrangements? With whom do you live? How much rent do you pay each month? How long has this arrangement been going on?

_____
_____
_____
_____

13. How do you support yourself and meet your living expenses?

_____
_____
_____
_____

14. Please explain in detail the reason(s) you should be considered independent.

_____
_____
_____
_____

Please attach a separate piece of paper if necessary to provide additional information that you feel supports your request.

I certify that the information provided is true and correct and I understand that it may be used to override federal regulations regarding my dependency status. **I understand that if I purposely give false or misleading information, I may be fined, be sentenced to jail, or both.** I understand that if I move back in with my parents or receive any kind of support from them, I must report this to the Financial Aid Office immediately.

_____ _____

Signature **Date**

For Office Use Only

— Dependency Override Approved: Adverse home environment Support by other adult relative
=(circle appropriate criteria) Applicant supports parent(s) Other; requires Director's approval

— Dependency Override Denied Reason? _____

Certification: I hereby use my professional judgment based on the information and documentation provided.

_____ _____

Financial Aid Officer Date

We recommend you make a copy of this worksheet for your records.
Submit this completed worksheet immediately to the MCC Office of Financial Aid and Veterans Affairs

Montgomery Community College provides equal opportunities to all students, employees and applicants for admission and employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex (including pregnancy), national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.