



**Financial Aid Offices:**  
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Fax (781) 239-2607  
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## Dependency Override Form

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

**MassBay ID#:** \_\_\_\_\_

**Application Used (check one)**

\_\_\_\_\_ **FAFSA** (Free Application for Federal Student Aid)

\_\_\_\_\_ **MASFA** (Massachusetts Application for State Financial Aid)

**INSTRUCTIONS:**

Read all instructions and the policy below. Complete the Dependency Override/Professional Judgement Form and submit all required documentation to the Office of Financial Aid at MassBay Community College.

Please allow 2-4 weeks for the review to be completed.

**All decisions concerning a student's dependency override are made using professional judgment, on a case-by-case basis, and are final.**

**POLICY:** Federal and state regulations allow Financial Aid Administrators at MassBay Community College the opportunity to use professional judgment, on a case-by case basis, to grant a dependency override when extraordinary circumstances can be documented for a student. The unusual circumstances must show reason for a student to be considered independent rather than dependent.

These determinations apply to both FAFSA and MASFA applicants. The criteria and documentation requirements are the same regardless of application type.

Circumstances that **DO NOT** qualify for a dependency override:

1. Parents refusing to contribute to the student's education
2. Parents refusing to provide information on the FAFSA/MASFA or for verification
3. Parents do not claim the student as a dependent for income tax purposes
4. Student demonstrates self-sufficiency
5. Student does not wish to communicate with parents
6. Student will not qualify for financial aid if parents' income is used

The Office of Financial Aid will consider the following guideline for review for a dependency override:

- Irrevocable severances of family ties exist due to extreme circumstances or life-threatening situations.
  - Acceptable situations may include physical abuse or neglect. There must currently be a complete lack of contact with both parents.

**\*\*\*Students must reapply each year for a dependency override if your request is approved. \*\*\***

**Examples of eligible circumstances include:**

- Severe long-term estrangement from parents
- An unsafe domestic environment
- Unknown whereabouts of parents
- Incarcerated Parent(s)

**SECTION 1: REQUIRED Personal Statement**

Please submit a statement explaining in detail the extenuating family circumstances that you believe warrant review of your dependency status in the space provided below. You may attach additional sheets of paper if more space is needed beyond what has been provided.

**SECTION 2: REQUIRED Additional Information and Income Verification. Please answer the following questions:**

1. When was the last date you had contact with your parents? \_\_\_\_\_
2. When did you last live with your parents? \_\_\_\_\_  
\_\_\_\_\_
3. Please detail where you have been living since you ceased living in your parent's household. Please include names and addresses of landlords and amounts of rent.

4. Have your parents provided you with support in the last 12 months (support includes cash, housing, food, gifts, medical insurance, loans, college costs, etc.)? If yes, please list type and amount.

<b>TYPE</b>	<b>AMOUNT</b>
A. _____	\$ _____
B. _____	\$ _____

5. List your income from for the past 24 months:

- Work:

- Untaxed Sources (for example: child support received, Veterans non-education benefits, tax exempt interest income, payments to tax deferred pension and savings plans, etc.):

**SECTION 3: REQUIRED Documentation** *(This must be submitted, or a review will not be conducted.)*

In addition to your letter of explanation, you must submit **THREE** typed letters with wet signature, from outside sources to support your request. (Email is not acceptable.) Letter writers should be familiar with your unique situation:

- Two letters from objective third parties (i.e. minister, social worker, counselor, teacher, doctor, or other professional) on their letterhead confirming the specifics of your circumstances as described by you. This documentation must be in writing, on appropriate letterhead, and signed. (Note: a person who can only verify that you told him/her about your circumstance does NOT meet this criterion)
- Third letter may include: a letter from an independent third party (family member, non-relative or friend) (example: parents of a friend, neighbor, employer) Police reports, court reports, documentation from a social agency or official records supporting your claims.

Please note: *We may request additional documentation to support your statement, depending on the situation. We will reach out to you directly if anything else is required.*

**My signature certifies that the information I have provided in support of my petition for a dependency status review is true. I agree to provide further proof of the information if requested. I realize that purposely giving false or misleading information on this form may result in a fine, prison sentence or both.**

**Student's Signature:** \_\_\_\_\_

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