

DEPENDENCY OVERRIDE PETITION

Purpose of Petition:

The Department of Education uses Step 3 of the Free Application for Federal Student Aid (FAFSA) to determine an applicant's "Dependent" or "Independent" status. If an applicant answers "no" to the questions on Step 3, the Department of Education considers that applicant "Dependent" and parental information is required. However, ***if unusual circumstances prevent the student from providing parental information, and the student meets the criteria listed below***, the student may submit this petition to request a Dependency Override.

NOTE: Override decisions are decided on a case-by-case basis at each college or university. Dependency override approvals do not transfer from one college to another.

Instructions for completing the petition:

1. Complete the FAFSA, answering the questions regarding your ability to get parental information.
2. Read the criteria and all instructions carefully on this form.
3. Attach all documentation requested.
4. Submit *completed, signed* petition to the BMCC Service Center nearest you.

Criteria:

A. Have severe or unusual circumstances within your family that prevent you from obtaining your parent's financial information.

Examples:

- ✓ an abusive home situation which is detrimental to your physical or mental well-being
- ✓ abandonment by both parents
- ✓ incarceration of the custodial parent

B. Conditions listed below, singly or in combination, DO NOT qualify as unusual circumstances or merit a Dependency Override:

- Parents refuse to contribute to the student's education.
- Parents are unwilling to provide information for FAFSA or for verification.
- Parents do not claim student as a dependent for income tax purposes.
- Student demonstrates total self-sufficiency (lives on their own without parental support).

If you meet one or more of the criteria listed under "A" on this page, you may continue to the next page to complete this petition.

Requests are processed once all required documents are submitted to the BMCC Financial Aid Office. Please allow up to 3-4 weeks for processing. You will be emailed a final determination after it has been processed, please monitor your BMCC email.

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STUDENT NAME: _____ BMCC ID: _____

Please check which request you are submitting: *First Time or Continuation.*

FIRST TIME REQUEST

1. **Attach a written personal statement** that completely explains in detail how you have met the criteria for your petition. All the information provided with this petition is completely confidential and will not be disclosed to anyone without your written consent. **Your statement must be signed and dated.**
2. **Attach at least two letters** supporting your request that detail why your parent(s) cannot complete the FAFSA. You may submit **one** letter from a relative or friend **plus one** from a professional source (see list), **or two** from the list. The professional's letter(s) must be on agency letterhead and include their title ("counselor," "rabbi," etc.). **Acceptable sources:**
 - √ Clergy member
 - √ Officers of the court
 - √ Attorney
 - √ Medical doctor
 - √ Caseworker, such as Department of Human Services, or other child/youth welfare agency
 - √ Law Enforcement Officer
 - √ School counselor or teacher
 - √ Mental Health Professional

CONTINUATION REQUEST (*only to be used if previous Petition was approved*)

- Check this box **if your Petition was approved in your previous year at BMCC**, please make sure to **sign and date below.**
- Check this box **if your Petition was approved in your previous year at another institution**, please list the institution and make sure to **sign and date below.**
 - Name of Previous Institution: _____

*Please note that further documentation may be requested upon review by Director of Student Financial Assistance.

STUDENT CERTIFICATION

I certify that all information contained in this petition, including my personal statement and other documentation, is true and complete to the best of my knowledge. If asked, I agree to provide further documentation of the statements provided with this petition. I affirm that I have not knowingly or intentionally provided any false statements or fraudulent documentation. **I also certify that I submitted my FAFSA on-line at least one week prior to submitting this request.**

Student Signature _____

Date _____

Financial Aid Office Use Only		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Comments:	Signature: Director of Student Financial Assistance	Date