

## Petition for Dependency Override

Student: \_\_\_\_\_ Aggie ID: \_\_\_\_\_  
LAST FIRST MI

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Semester/Year: \_\_\_\_\_

Parent's refusal to provide their income on the FAFSA and provide financial support usually does not merit a Dependency Override. For more information about receiving a Federal Direct Unsubsidized Loan due to parent refusal, please visit with your Financial Aid Advisor.

### Instructions:

- Complete all sections of the Petition for Dependency Override form. If any section on the form is left blank, the petition will be considered incomplete and will not be reviewed.
- Return form to University Financial Aid in person, by mail, email or fax.
- Attach a detailed letter explaining the following items, if applicable:
  - Your past relationship with both parents.
  - Your present relationship with both parents.
  - Explain in detail why you believe that you qualify for a Dependency Override.
- Attach letters from **two professional third party individuals**, e.g., High School Counselor, Therapist, Social Worker, etc. Both letters must include the following items listed below. If you are unable to provide the third-party letters, you must explain why in your letter.
  - Relationship and length of association to student.
  - The last known date the student lived and/or received support from parents.
  - The last known date the student had any type of contact with parents.
  - Student's current relationship with parents.
  - Steps the student has taken to establish independence from parents.
  - Letter must include individual's professional title, name, type of business, contact information, and signatures.
- Provide legal court documents or other documentation, if applicable.

**Section One:** Please select one of the conditions below and complete the actions associated with your selection.

Condition:	Action:
<input type="checkbox"/> I currently have not been approved for Dependency Override by the NMSU Financial Aid office.	Complete all sections and submit required documentation.
<input type="checkbox"/> I was approved for a Dependency Override by the NMSU Financial Aid office and there have been no changes in my status.	Skip to <b>Section Three</b> of this form.
<input type="checkbox"/> I was approved for a Dependency Override by the NMSU Financial Aid office and there have been changes in my status.	Complete all sections and submit required documentation.

### Section Two: Verification of support

Where do you live:	<input type="checkbox"/> With Parents	<input type="checkbox"/> With Relatives	<input type="checkbox"/> On-Campus	<input type="checkbox"/> Off-Campus
Do your parents provide any of the following items? Check all that apply.				
<input type="checkbox"/> Medical Insurance	<input type="checkbox"/> In-kind Support (i.e., food, housing)	<input type="checkbox"/> Cash Assistance for Educational Expenses		
<input type="checkbox"/> Auto Insurance	<input type="checkbox"/> Cash Assistance for Living Expenses	<input type="checkbox"/> None of the Above		
Do you receive assistance from any of the following programs? Check all the apply.				
<input type="checkbox"/> SNAP (Supplemental Nutrition Assistance Program)	<input type="checkbox"/> SSI/SSA (Social Security Checks)			
<input type="checkbox"/> TANF (Temporary Assistance for Needy Families)	<input type="checkbox"/> HUD (Housing and Urban Development)			

**Section Three: Student Certification and Signature**

By signing, I certify the information provided here is true and correct to the best of my knowledge and belief. I also certify that I have reviewed and understood NMSU's Petition for Dependency Override policy. If asked by my Financial Aid Advisor/Financial Aid Appeals Committee, I agree to provide additional documentation for the verification of the information I have provided in my petition. Any person who knowingly makes a false statement or misrepresentation on this form is subject to penalties which may include fines or imprisonment under the United State Criminal Code and 20 U.S.C. 1097. **WET SIGNATURE REQUIRED.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form to the Financial Aid Office at your primary campus.**

<b>Official Use Only</b> Committee Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
Justification/Comments

Financial Aid Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_