

## University Financial Aid and Scholarship Services

## **Petition for Dependency Override**

Student:		Aggie ID:
LAST	FIRST	MI
Email:	Phone:	Semester/Year:
·	•	ncial support usually does not merit a Dependency Override. For ue to parent refusal, please visit with your Financial Aid Advisor.
nstructions:		
L. Complete all sections of the Peconsidered incomplete and will	• •	If any section on the form is left blank, the petition will be
!. Return form to University Fina	ancial Aid in person, by mail, email or fax	x.
	ning the following items, if applicable:	
a) Your past relationshi		
•	nship with both parents.	
	you believe that you qualify for a Depend	•
		h School Counselor, Therapist, Social Worker, etc. Both letters
nust include the following item	s listed below. <u>If you are unable to prov</u>	vide the third-party letters, you must explain why in your letter.
	gth of association to student.	
·	the student lived and/or received support	·
c) The last known date	the student had any type of contact with	h parents.
d) Student's current rel	ationship with parents.	
e) Steps the student ha	s taken to establish independence from	parents.
·	-	e of business, contact information, and signatures.
5. Provide legal court document	s or other documentation, if applicable.	
Section One: Please select o	ne of the conditions below and com	pplete the actions associated with your selection.
Condition:		Action:
☐ I currently have not been a the NMSU Financial Aid office	approved for Dependency Override by e.	Complete all sections and submit required documentation.
☐ 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.
	endency Override by the NMSU have been changes in my status.	Complete all sections and submit required documentation.
Section Two: Verification of	support	
Where do you live:	☐ With Parents ☐ With Relative	res 🗌 On-Campus 📗 Off-Campus
Do your parents provide any	of the following items? Check all that ap	pply.
☐ Medical Insurance	☐ In-kind Support (i.e., food, housing)	☐ Cash Assistance for Educational Expenses
☐ Auto Insurance	Cash Assistance for Living Expenses	☐ None of the Above
Do you receive assistance from	m any of the following programs? Check	c all the apply.
SNAP (Supplemental Nutrition Assistance Program)		SSI/SSA (Social Security Checks)
☐ TANF (Temporary Assistance for Needy Families)		☐ 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.		
Official Use On	<b>ly</b> ☐ Approved ☐ Denied	
Justification/Commer	nts	
Financial Aid Advis	or Signature:	Date: