MISSISSIPPI STATE UNIVERSITY™
STUDENT FINANCIAL AID

Post Office Box 6035
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Dependency Override Appeal

Student's Name **Student's MSU Email Address** **(9 digit) MSU ID**

Under Federal law your family is primarily responsible for paying for your college expenses. In **very** limited situations Federal law may allow us to consider a dependent student as independent (for financial aid purposes) when unusual conditions exist. Please note: ****Appeals cannot be processed until we receive ALL requested documents.**

Examples of unusual conditions where you may be unable to provide parental data include:

- Your parents are incarcerated; or
- You have left home due to an abusive family environment; or
- You do not know your parents location, are unable to contact them, and you are not adopted.

Not all situations are considered unusual. The following would **not** be considered valid situations:

◊ You do not live with your parents or you are self-sufficient; or
◊ Your parents refuse to contribute to your college expenses; or
◊ Your parents do not claim you (the student) as an exemption on their income taxes.

****Verification of your FAFSA information must be completed before adjustments can be made. Regularly check your Eligibility Requirements on your MSU myState and your MSU email address to see documents requested and/or if you need to submit additional documentation.**

Submit the following for **ALL** appeals (**updates and new appeals**):

1) 2018-2019 Dependency Override Form (must complete new form annually)
2) 2018-2019 Household Verification Form
3) 2016 IRS Federal Income Tax Return **Transcript** (http://www.irs.gov); **OR**
   a. If you did not file 2016 taxes, request an 2016 IRS Verification of Non-Filing Letter (http://www.irs.gov) and provide us with a copy, along with a completed 2018-2019 MSU Student Nontax Filer Form
4) Submit **additional** documentation as specified under Section A (updated appeals) or Section B (new appeals)

Section A: Update on Prior Dependency Override Appeal Approval:

If we previously approved a dependency override for you during 2017-2018, provide the following in order for us to update the approval:

A. Signed personal statement:
   a) **Updating** us on the nature of your situation (for which the appeal was approved)
   b) Indicate the **current status** (ex. situation is unchanged, reconciliation has occurred, etc.)

Section B: New Dependency Override Appeal:

Please read the information below to see if any of the situations listed apply to you. We must receive ALL documentation requested before the appeal can be considered.

A. Signed personal statement:
   a) Detail appeal reason (include **specific information** and **dates** the situation occurred)

B. Documentation as specified below (depending on your situation listed below)

Dependency Override Appeal Situations	**Additional Documentation Requested** (in addition to items #1 - #4 above)
Death of: **Both** parents; or **Custodial parent**, and no contact with non-custodial parent	• Copy of death certificates or obituaries • Copy of student's birth certificate
You no longer live with your parents: Due to: **Unsafe home environment** May be due to abuse: **Physical/Emotional/Drug/Alcohol**	• Minimum of two **signed** letters from third-party (non-family members) who can verify your situation from personal knowledge ➢ Professional references must be signed and listed on agency letterhead ▪ Law enforcement, guidance counselor, social worker, clergy, teacher, etc. ➢ Personal references (non-family) must be signed and **notarized**
You no longer live with your parents: May be due to: **Estrangement/Abandonment;** or **Incarceration/Mental incapacity**	

Signature

By signing this form, I certify that I have provided complete and accurate information to the best of my knowledge.
Warning: Purposely giving false or misleading information may result in a fine, imprisonment, or both.

Student Signature_____ Date_____