

9. When was the last time you lived with your parents?

| | |
|---------------|---------------|
| Mother | Father |
| _____ | _____ |
| Month/year | Month/year |

10. When was the last time you had any contact with your parents?

| | |
|------------|------------|
| _____ | _____ |
| Month/year | Month/year |

11. When did your parents last provide any form of support?

| | |
|---------------|---------------|
| Mother | Father |
| _____ | _____ |
| Month/year | Month/year |

12. What are your present living arrangements? With whom do you live? How much rent do you pay each month? How long has this arrangement been going on?

13. How do you support yourself and meet your living expenses?

14. Please explain in detail the reason(s) you should be considered independent.

Please attach a separate piece of paper if necessary to provide additional information that you feel supports your request.

I certify that the information provided is true and correct and I understand that it may be used to override federal regulations regarding my dependency status. **I understand that if I purposely give false or misleading information, I may be fined, be sentenced to jail, or both.** I understand that if I move back in with my parents or receive any kind of support from them, I must report this to the Financial Aid Office immediately.

Signature

Date

For Office Use Only

— Dependency Override Approved: Adverse home environment Support by other adult relative
 =(circle appropriate criteria) Applicant supports parent(s) Other; requires Director's approval

— Dependency Override Denied Reason? _____

Certification: I hereby use my professional judgment based on the information and documentation provided.

Financial Aid Officer

Date

***We recommend you make a copy of this worksheet for your records.
Submit this completed worksheet immediately to the MCC Office of Financial Aid and Veterans Affairs
Equal Opportunity Employer***