

**2024-2025  
Request for Unusual Circumstances  
Override**

Student's Name \_\_\_\_\_ Student's ECCC ID # \_\_\_\_\_

The United States Congress developed the following questions to determine the dependency status of a student applying for federal financial aid for the 2024-2025 academic year.

1. Were you born before January 1, 2001?
2. As of today, are you married? (Also, answer "yes" if you are separated but not divorced.)
3. At the beginning of the 2024-2025 school year, will you be working on a master's or doctorate program (such as an MA, MBA, MD, JD, PhD, EdD, graduate certificate, etc.)?
4. Are you currently serving on active duty in the U.S. Armed forces for purposes other than training?
5. Are you a veteran of the U.S. Armed Forces?
6. Do you have children who will receive more than half of their financial support from you between July 1, 2024 and June 30, 2025?
7. Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you now and through June 30, 2025?
8. At any time since you turned 13, were both your parents deceased, were you in foster care, or were you a dependent or ward of the court?
9. As determined by a court in your state of legal residence, are you or were you an emancipated minor?
10. As determined by a court in your state of legal residence, are you or were you in legal guardianship?
11. At any time on or after July 1, 2023, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?
12. At any time on or after July 1, 2023, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?
13. At any time on or after July 1, 2023, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?

If you cannot answer "YES" to one of the above questions, then you are considered a dependent student for the purposes of federal financial aid and are required by law to provide both you and your parent(s)' income and asset data on the FAFSA.

If you cannot answer "YES" to one of the above questions, but have unusual circumstances (**abuse, death, incarceration, abandonment, estrangement, physical/mental incapacitation, human trafficking, as described in the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7101 et seq.); legally granted refugee or asylum status; etc.**) that affect your biological/adoptive parent(s)' ability to contribute to your education, you may use this form to request a reevaluation of your dependency status. *If you feel that your situation warrants special consideration, you must demonstrate that you are self-sufficient and document why your parents should not be required to contribute to your education.*

The following conditions (individually or combined) do NOT merit a dependency override and will not be considered:

- You do not live with your parents.
- You can demonstrate total self-sufficiency.
- Your parents refuse to contribute to your education.
- Your parents are unwilling to provide information on the FAFSA or for verification purposes.
- Your parents do not claim you as a dependent for income tax purposes.

**Instructions:**

Please carefully read and complete each step. If a step is incomplete or blank, then your request for a dependency override will not be considered.

1. Attach a signed statement explaining in detail the unusual circumstances that warrant your consideration as an independent student.
2. Attach at least two signed statements from **adult professionals** verifying your family circumstances. Adult professionals can include clergy members, attorneys, school guidance counselors, medical doctors, mental health professionals, teachers or professors, law enforcement officers, professional staff of the Department of Human Services, and officers of the court. **Letters from family members will not be accepted.** Letters must be signed on **original agency letterhead**. References that do not represent an agency opinion must be notarized.
3. Answer the following questions accurately and completely:
  - Did you or will you file a 2022 Federal Tax Return? If yes, please upload a copy of the tax return transcript from the IRS.
    - ☐ Yes
    - ☐ No
  - Did you or will you file a 2023 Federal Tax Return? If yes, please upload a copy of the tax return transcript from the IRS.
    - ☐ Yes
    - ☐ No
  - Did anyone claim you as a dependent on his or her **2022** Federal Tax Returns?
    - ☐ Yes If so, please list the person's name and relationship to you: \_\_\_\_\_
    - ☐ No
  - Did anyone claim you as a dependent on his or her **2023** Federal Tax Returns?
    - ☐ Yes If so, please list the person's name and relationship to you: \_\_\_\_\_
    - ☐ No
  - What are your present living arrangements? With whom do you live? How much rent do you pay per month? How long has this arrangement been in place?

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- How do you support yourself and meet your living expenses? Please list all sources of income (including family).

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- When was the last time you lived with a parent?

Parent 1

\_\_\_\_\_  
Month/Year

Parent 2

\_\_\_\_\_  
Month/Year

- When is the last time you had contact with your parents?

Parent 1

\_\_\_\_\_  
Month/Year

Parent 2

\_\_\_\_\_  
Month/Year

- When did your parents last provide you with any form of support?

Parent 1

\_\_\_\_\_  
Month/Year

Parent 2

\_\_\_\_\_  
Month/Year

- Are you covered under a medical plan? ☐ Yes ☐ No

If yes, please list:

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**I certify that all of the information on this form and included, as documentation is true and complete to the best of my knowledge. I understand that if I move back in with my parents or begin receiving support from them that I must report it to the ECCC Financial Aid Office immediately. I understand that if I purposely give false or misleading information as part of this request that I may be subject to a \$20,000 fine, a prison sentence, or both.**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

For Office Use Only: <input type="checkbox"/> Approve <input type="checkbox"/> Deny	Comments:
	_____
	_____
Director's Signature _____ Date _____	

East Central Community College does not discriminate on the basis of race, color, religion, national origin, sex, age, or qualified disability in its educational programs and activities, employment practices, or admissions processes. The following offices have been designated to handle inquiries regarding the non-discrimination policies of East Central Community College:

Inquiries regarding compliance with Title VI and ADEA are coordinated by the Executive Vice President, Walter Arno Vincent Administration Building, Room 171, Post Office Box 129, Decatur, MS 39327, Phone: 601-635-6202, Fax: 601-635-4011, Email: [compliance@eccc.edu](mailto:compliance@eccc.edu).

Inquiries regarding compliance with Title IX and Section 504 are coordinated by the Dean of Student Services, Eddie M. Smith Student Union Building, Room 101, Post Office Box 129, Decatur, MS 39327, Phone: 601-635-6267, Fax: 601-635-6217, Email: [compliance@eccc.edu](mailto:compliance@eccc.edu).