



NMSU DACC MSC  
 3DA  
 P.O. Box 30001  
 2800 N. Sonoma Ranch Blvd, DASR 109 Las Cruces, NM 88011  
 Phone: 575-528-7000 Fax: 575-528-7474

## 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:**

1. 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.
2. Return form to University Financial Aid in person, by mail, email or fax.
3. Attach a detailed letter explaining the following items, if applicable:
  - a) Your past relationship with both parents.
  - b) Your present relationship with both parents.
  - c) Explain in detail why you believe that you qualify for a Dependency Override.
4. 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.
  - a) Relationship and length of association to student.
  - b) The last known date the student lived and/or received support from parents.
  - c) The last known date the student had any type of contact with parents.
  - d) Student's current relationship with parents.
  - e) Steps the student has taken to establish independence from parents.
  - f) Letter must include individual's professional title, name, type of business, contact information, and signatures.
5. 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. <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Medical Insurance</td> <td><input type="checkbox"/> In-kind Support (i.e., food, housing)</td> <td><input type="checkbox"/> Cash Assistance for Educational Expenses</td> </tr> <tr> <td><input type="checkbox"/> Auto Insurance</td> <td><input type="checkbox"/> Cash Assistance for Living Expenses</td> <td><input type="checkbox"/> None of the Above</td> </tr> </table>	<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
<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. <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> SNAP (Supplemental Nutrition Assistance Program)</td> <td><input type="checkbox"/> SSI/SSA (Social Security Checks)</td> </tr> <tr> <td><input type="checkbox"/> TANF (Temporary Assistance for Needy Families)</td> <td><input type="checkbox"/> HUD (Housing and Urban Development)</td> </tr> </table>	<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)		
<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.**

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

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