

## 2025-26 Verification Worksheet

Federal Student Aid Program (Dependency Override Request)

Your application was selected by the Department of Education for review in a process called "Verification." In this process, Bay Mills Community College will compare information from your FAFSA with this worksheet. The law requires completion of Verification before awarding and/or disbursing federal aid. If there are differences between your FAFSA and your verification documentation, electronic corrections to your FAFSA may be required. You must complete and sign this worksheet, attach all required documents, and return it to the financial aid office before your application can be processed. After your request and documentation are reviewed, the financial aid office will notify you in writing the decision to approve or deny your Dependency Override Request. Please Note: The information you provide will remain confidential. Contact the financial aid office at 1-866-967-BMCC if you have any questions.

| A. Student Information  |   |               |                                      |  |  |
|---|---|---------------|--------------------------------------|--|--|
| 11. 00  | such information  |               |                                      |  |  |
| Last Na   | me First Name   | M.I.          | Student ID or Social Security Number |  |  |
| Address (include apt. no.)  |   | Date of Birth |                                      |  |  |
| City  | State   | Zip Code      | Phone Number (include area code)     |  |  |
| * Dlage   | This form is <b>for dependent students</b> who do not meet the federal criteria for "independent" status, but wish to have their unique circumstance reviewed in order to be considered an independent student for financial aid purposes. Students who are estranged from their parents due to extreme circumstances (e.g., child abuse, abandonment, family alcoholism or drug abuse, unsuitable household resulting in the child being placed in foster care, etc.) which can be documented by an objective third party may qualify for this professional judgment treatment. <b>se Note:</b> In particular, the following circumstances do not merit a dependency override, either alone or in combination: |               |                                      |  |  |
| <ul> <li>Parents refuse to contribute to the student's education;</li> <li>Parents are unwilling to provide information on the application or for verification;</li> <li>Parents do not claim the student as a dependent for income tax purposes;</li> <li>Student demonstrates total self-sufficiency</li> </ul>   |   |               |                                      |  |  |
| Dependency Override Requests will be reviewed on a yearly basis. The determination of the request is the sole decision of each college institution. The student is required to turn in new documentation for every Dependency Override they request. If a student's request is approved one year, it does not mean they have warranted the approval for every year to come. |   |               |                                      |  |  |

| B. Required Documentation |   |  |  |  |
|---------------------------|---|--|--|--|
| 1. (                      | 1. Check the box that applies:  |  |  |  |
|                           | Orphan or Ward of the Court Documentation   |  |  |  |
|                           | Emancipated Minor Documentation   |  |  |  |
|                           | Legal Guardianship Documentation  |  |  |  |
|                           | Homeless Child or Youth Documentation   |  |  |  |
|                           | HUD Homeless Documentation  |  |  |  |
|                           | Signed Statement from an Objective Third Party (e.g., pastor, high school or college counselor, social service agency official, etc.) |  |  |  |

| C. Student's Statement                        |  |   |
|---|--|---|
| Please provide a brief statement explaining y | our circumstances and reasoning for the Dependency Override  | e Request below:  |
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|   |  |   |
|   |  |   |
| F. Certification and Signatures               |  |   |
| Each person signing this worksheet certifies  | hat all of the information reported is complete and correct. | WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both. |
| Student's Signature (Required)                | Date   | For Office Use Only:  |
|   |  | Approved (circle one) YES NO Approved By:   |
|   |  | Approval Date:  |

Do not mail this worksheet to the U.S. Department of Education. Submit this worksheet and all required documentation to the financial aid administrator at your school.