

2024-25 Verification Worksheet

Federal Student Aid Program (Dependency Override Request)

For Office Use Only:	
Received by:	
Date Received:	

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				
Last Name	First Name	M.I.	Student ID or Social Security Number	
Address (include apt. n	0.)		Date of Birth	
City	State	Zip Code	Phone Number (include area code)	
their uniqu Students wh alcoholism	ne circumstance reviewed in order to are estranged from their parents	to be considered an independ due to extreme circumstance d resulting in the child being	or "independent" status, but wish to have dent student for financial aid purposes. es (e.g., child abuse, abandonment, family placed in foster care, etc.) which can be essional judgment treatment.	
* Please Note: In pa	rticular, the following circumstance	es do not merit a dependency	voverride, either alone or in combination:	
Parents areParents do n	se to contribute to the student's edu unwilling to provide information or ot claim the student as a dependent nonstrates total self-sufficiency	the application or for verific	cation;	
college institution. The		w documentation for every D	n of the request is the sole decision of each dependency Override they request. If a student's revery year to come.	
B. Required Documentation				
1. Check the box tha	nt applies:			
Orphan or Ward	of the Court Documentation			
Emancipated M	inor Documentation			
Legal Guardians	ship 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 your circumstances and reasoning for the Dependency Override Request below:					
		_			
F. Certification and Signatures					
Each person signing this worksheet certifies th	nat 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:			

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.