

## Dependency Override Request Form 2025-2026 Unusual Circumstances

PLEASE PRINT:

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

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Cell \_\_\_\_\_

If you believe that you have an unusual situation that would make you an independent student even though you do not meet the federal definition of an independent student for financial aid purposes or you are homeless, you must complete this form. **Be specific, complete all areas and attach documentation to support your claim.**

Your request will be reviewed with regard to Federal Title IV Regulation. You will be notified of our decision via your UM Western email. If you have questions regarding this form, please contact our office, 406-683-7511.

1. Please fill in contact information for your parents:

Father

Mother

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

If you are unable to provide the above information, please explain:

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2. Expenses: Place an X in the appropriate boxes below:

Do you have health insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If Yes**, who provides your health insurance? \_\_\_\_\_

Who pays for this health coverage? \_\_\_\_\_

Relationship to the Student? \_\_\_\_\_

Did anyone claim you as an exemption on their 2023 federal tax return? \_\_\_ Yes \_\_\_ No

**If Yes**, Person's Name: \_\_\_\_\_

Relationship to the Student: \_\_\_\_\_

Did anyone provide your auto insurance within the last year? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If Yes**, Person's Name: \_\_\_\_\_

Relationship to the Student: \_\_\_\_\_

3. Please describe the last time you had contact with your parent(s). Be specific as to time, place, and the nature of the contact.

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(Over)

4. Explain what unusual situation should make you an independent student. (Please note that parents' unwillingness to provide income information does not, according to Federal Regulation, constitute grounds for a dependency override.) Attach written document if additional space is needed

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5. Tell us how you have been able to support yourself. Include information regarding where you currently live, how you pay for food, clothing, cell phone, transportation etc.

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6. When did you begin supporting yourself without the help of your parents?

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7. Attach at least (2) letters from individuals who are aware of your situation. Only one (1) letter may be from a friend or relative. Examples of other acceptable individuals are landlord, clergy, counselor, social worker, teacher, employer, or medical authority. If documenting homelessness and you are a 2025 graduate, you must also attach documentation from your school's homeless liaison & a statement from the liaison (on school letterhead) explaining why you were classified as homeless.

Indicate the Name, Address, Job Title and relationship to you for the individuals providing letters:

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE:

Student: \_\_\_\_\_ Date \_\_\_\_\_

I certify by my signature that the above information is true and correct. I further understand that providing false or misleading information to the Financial Aid Office can result in fines, up to \$20,000 and repayment of funds, imprisonment or both by the Office of the Inspector General.

FINANCIAL AID OFFICE USE ONLY:

Accepted ( ) Declined ( ) Why? \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_