

DEPENDENCY OVERRIDE CONTINUATION INSTRUCTIONS:

- 1) If you have not submitted a FAFSA for this year, apply at www.fafsa.gov
- 2) Complete this form and return it to the Financial Aid Office

STUDENT'S DEMOGRAPHICS	NAME: _____ STUDENT ID: _____ ADDRESS: _____ PHONE: _____ E-MAIL: _____
STUDENT'S PRESENT LIVING ARRANGEMENTS	With whom do you currently live? _____ How long have you lived with this person/family? _____ years _____ months How much do you pay in rent and utilities per month? \$ _____
FATHER'S INFORMATION	When was the last time you had contact with your Father? _____ When did your Father last provide financial support for you? _____ How often do you have contact with your Father? _____
MOTHER'S INFORMATION	When was the last time you had contact with your Mother? _____ When did your Mother last provide financial support for you? _____ How often do you have contact with your Mother? _____
<p>I certify that the information I supplied on my original Dependency Override Request has not changed. I am still unable to resume contact with my parents nor do I have any monetary or emotional support from them.</p> <p>I also certify that the information provided on this form is true and correct. I also understand that it will be used to override federal regulations regarding my dependency status. I fully understand that to falsify any information on this form in order to receive Federal Title IV funds is a federal offense and can be punishable by a \$20,000 fine, imprisonment, or both.</p> <p>I understand that if my situation changes in any way, if I move back with my parents or receive any kind of support from them, that I must report this information to the Financial Aid Office.</p> <p>Student Signature: _____ Date: _____</p>	