

2015-2016 Dependency Override Renewal Form

Student Name: _____ ID#: _____

The Dependency Override Renewal Form is for a student who received an approval of their request for a Dependency Override in a previous academic year. You may request a Dependency Override Renewal for 2015-2016 by completing this form. You must be able to verify that your extenuating circumstance regarding your relationship with your parent(s) has remained the same. This information will be compared against the information you provided on your previous year's Dependency Override Form for accuracy. College financial aid administrators will review this form and determine if your request is approved or denied. The student will be notified of the decision via email. All dependency override decisions are final and cannot be appealed at a higher level.

Step 1: Provide a personal statement to explain your extenuating circumstance

Please provide a detailed and concise statement which includes the following:

- The extenuating circumstances that you believe qualify you for an exception to the federal definition of Independence.
- Describe in detail the circumstances which changed your relations with your parent(s) and when these changes occurred.
- Your current relations with your parents.
- Explain how you have supported yourself from the time your parent(s) ceased supporting you until now.

Step 2: Complete the following Dependency Override Questionnaire

1) What is your parents' current address?

_____	_____	_____	_____	_____
Mother's Address	City	State	Zip	Telephone #

_____	_____	_____	_____	_____
Father's Address	City	State	Zip	Telephone #

2) When was the last time you:

a. Had contact with	Mother _____/_____ Month Year	Father _____/_____ Month Year
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b. Lived with	Mother _____/_____ Month Year	Father _____/_____ Month Year
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c. Received support from	Mother _____/_____ Month Year	Father _____/_____ Month Year
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3) How have you supported yourself since you left your parent(s)?

4) What were your income and/or resources in:

	2014	2015
	1/1/14 – 12/31/14	1/1/15 – 12/31/15
Income/Wages	_____	_____
Savings	_____	_____
Public Benefits (SSI,	_____	_____
Financial Aid	_____	_____
Cash Support from Others	_____	_____
Other:	_____	_____

Step 3: Make an appointment with your Financial Aid Coordinator:

Make an appointment with your Financial Aid Coordinator to submit your statement and documentation along with this form to the Financial Aid Office.

Please Note: This form is valid for one year only. Your situation must be reviewed annually.

Step 4: Student Certification

I certify that all information reported on this form and all attachments are true, complete and accurate. I agree to provide proof of all of the information that I have reported. I understand that if I give misleading information on documents submitted to the Financial Aid Office, I may be fined, sentenced to jail or both. I understand that I must report changes in the above information to the Financial Aid Office.

Student Signature

Date

OFFICE USE ONLY

Comments:

<u>Date</u> _____	<u>Action</u> <input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Approved <input type="checkbox"/> Incomplete	F.A. Signature _____
_____	Entered Override: <input type="checkbox"/> FAA Access to CPS Online <input type="checkbox"/> on FAFSA/Renewal FAFSA	