



# Financial Aid

995 N. Reed Avenue, Reedley, CA 93654 | Phone: (559) 494-3012 | FAX: (800) 643-0932

## 2024-2025 DEPENDENCY OVERRIDE CONTINUATION

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

**Complete this form and return it to the Financial Aid Office:**

<b>Student's Demographics</b>	Address: _____ _____ Phone: _____ E-mail: _____
<b>Student's Present Living Arrangements</b>	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? \$ _____
<b>Parent's Information</b>	When was the last time you had contact with your parent? (month/year) _____ When did your parent last provide financial support for you? (month/year) _____ How often do you have contact with your parent? _____
<b>Other Parent's Information</b>	When was the last time you had contact with your other parent? (month/year) _____ When did your other parent last provide financial support for you? (month/year) _____ How often do you have contact with your other parent? _____

### CERTIFICATION AND SIGNATURE

The person signing below certifies that the information reported on their original Dependency Override Request has not changed. The student is still unable to contact and is not receiving monetary or emotional support from their parents. The student understands that if their situation changes in any way, if they move back in with or receive any kind of support from their parents the student must report this information to the Financial Aid Office.

The person signing below understands that the information reported will be used to override federal regulations regarding their dependency status, and certifies that all of the information reported is complete and correct. **WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.** Signatures must be provided in blue or black ink. Digital and/or typed signatures will not be accepted.

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

### THE FOLLOWING IS FOR OFFICE USE ONLY

The Financial Aid Office has used Professional Judgement and determined that this student continues to be Independent. Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FAA Signature: \_\_\_\_\_ Date: \_\_\_\_\_