



2017-2018 DEPENDENCY OVERRIDE CONTINUATION REQUEST

Any student who received an approval of their Request for Dependency Override for 2016-2017 may request a continuation of their dependency status for 2017-2018 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 your prior information for accuracy. The Financial Aid Administrator will review this Dependency Override Continuation Request and use professional judgment to either approve or deny the request. The student will be notified of the decision via email. All dependency override decisions are final and cannot be appealed at a higher level.

PART I: REQUIRED STEPS AND ATTACHMENTS

- 1. Complete all the information requested in Parts II and III below (Student Information and Parent Information)
2. Complete the Student Income Information requested in Part IV
3. Sign the Certification in Part V and submit to the Office of Financial Assistance for review

PART II: STUDENT INFORMATION

Name: ID#: Phone:( )

- A. Did anyone claim you on their 2015 Federal Income Tax Return?
[ ] NO
[ ] YES — Person's Name: Relationship to you:

B. Who do you currently live with?

C. How long have you lived with the person/people identified above? years months

D. Please complete the following information regarding your monthly expenses:

Table with 2 columns: Expense Category, Amount. Rows include Monthly Housing, Monthly Food, Monthly Personal Expenses, Monthly Auto Expenses, Other Personal Bills, and Total Expenses.

PART III: PARENT INFORMATION

A. Father's Name:

B. Father's Address (write in 'unknown' if not available):

C. When did you last live with your father? (write in 'never' if you have never lived with your father): /

D. When was the last time you had contact with your father? /

E. How often do you have contact with your father?

F. Mother's Name:

G. Mother's Address (write in 'unknown' if not available):

H. When did you last live with your mother? (write in 'never' if you have never lived with your mother): /



I. When was the last time you had contact with your mother? \_\_\_\_\_ / \_\_\_\_\_  
Month Year

J. How often do you have contact with your mother? \_\_\_\_\_

**PART IV: STUDENT INCOME INFORMATION**

A. Please check one box below to indicate your tax filing status:

Check here if you filed taxes in 2015 and used the IRS Data Retrieval Tool on your FAFSA.

Check here if you filed taxes in 2015 but did not use the IRS Data Retrieval Tool on your FAFSA. **You are required attach a copy of your 2015 IRS Tax Return Transcript.** Please note, 1040, 1040A, 1040EZ, or IRS Account Transcripts are NOT acceptable as proof of tax filing. A copy of your 2015 IRS Tax Return Transcript may be requested by ordering online at [www.irs.gov](http://www.irs.gov) or by calling 1-800-908-9946.

Check here if you did not file and were not required to file taxes in 2015. If you were employed anytime in 2015, you must attach a copy of all 2015 W2 forms, even if you were not required to file taxes in 2015.

B. List your income below, including any income paid in cash:

Employer/Source of Income	Total income amount in 2015	Paid in Cash?	W2 attached?
		Yes / No	Yes / No
		Yes / No	Yes / No
		Yes / No	Yes / No

C. Use the space below to provide a brief explanation of how your household expenses were met in 2015, including food, clothing, shelter, etc. Be specific about financial resources that are not yet reported elsewhere on this form, such as Section 8 housing, TANF, cash aid, disability, social security, worker's comp, financial aid, etc. Also specify if you receive any financial or in-kind support from other people, such as monetary gifts, free room and board, free meals, or if someone else is paying bills on your behalf. Attach a separate sheet of paper if additional space is needed.

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**PART V: CERTIFICATION**

By signing below, I certify that the information provided on this form is complete and accurate to the best of my knowledge. I certify that the information reported on my prior Request for Dependency Override has not changed and I still have little to no contact with my parent(s) nor do I receive any financial support from my parent(s). I realize that any false statements or misrepresentations may be cause for denial of this Dependency Override Continuation Request. I also understand that the decision on my Dependency Override Continuation Request is based on the professional judgment of the Financial Aid Administrator and that all decisions are final and there is no higher appeal process.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**OFFICE USE ONLY**

Comments: \_\_\_\_\_

Date                      Action  
\_\_\_\_/\_\_\_\_/\_\_\_\_               Approved       Denied

FA Signature: \_\_\_\_\_

Entered Override:     FAA Access to CPS Online     on FAFSA/Renewal FAFSA