## 2019-2020 DEPENDENCY OVERRIDE CONTINUATION REQUEST

Any student who received an approval of their Dependency Override Request Form for 2018-2019 may request a continuation of their dependency status for 2019-2020 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 (St	udent Information and	l 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 2017 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:  Monthly Housing (rent, utilities)  \$									
	Monthly Food	\$	_						
	Monthly Personal Expenses (clothing, personal items)	\$	_						
	Monthly Auto Expenses (car payments, insurance)	\$	_						
	Other Personal Bills (credit cards, cell phone)	\$	_						
	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?  Month	Year	Month Year						
E.	How often do you have contact with your father?								
F.	Mother's Name:								

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

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



I.	When wa	as the last time	you had contact w	vith your mothe							
J.	How ofte	Month Year  How often do you have contact with your mother?									
PART	T IV: ST	TUDENT IN	NCOME INF	ORMATIO	N						
A.	. Please check ONE box below to indicate your tax filing status:  I filed taxes in 2017 and used the IRS Data Retrieval Tool on my FAFSA.										
	☐ I filed taxes in 2017 but did not use the IRS Data Retrieval Tool on my FAFSA. You are required attach a copy of your 2017 IRS Tax Return.										
	I did not file and was not required to file taxes in 2017. If you were employed anytime in 2017, you must attach a copy of all 2017 W2 forms, even if you were not required to file taxes in 2017.										
В.	B. List your income below, including any income paid in cash:										
		Emp	loyer/Source of Inc	come	Total income amount in 2017	Paid in Cash?	W2 attached?				
						Yes / No	Yes / No				
						Yes / No	Yes / No				
						Yes / No	Yes / No				
PART	V: CE	RTIFICAT	ION								
knowled still have false sta underst	dge. I certive little to atements o and that the	ify that the info no contact with or misrepresentate the decision on a	ormation reported in my parent(s) no ations may be cau my Dependency C	on my prior D or do I receive ose for denial o Override Contin	ependency Overri any financial supp f this Dependency nuation Request is	and accurate to the delegate Request Form I wort from my paren or Override Continu based on the profession appeal process	has not changed t(s). I realize the lation Request. I essional judgmen	at any I also			
Studen	t Signatuı	re				Date	/				
OFFICE USE ONLY											
Comme	nts:		Date		Action						
			/	-		Denied					
	FA S	Signature:			· -						
		Entered Ove	erride: FAA	Access to CPS C	on FA	FSA/Renewal FAFS	Α				