DEPENDENCY OVERRIDE RENEWAL FORM

Student Information

Name: _____   CWID: _____

Our records indicate that you were granted a dependency override for the previous financial aid award year. In order to continue to process your financial aid application with the same status as the prior year, you must provide information about your current relationship with your parents.

Affirmation Statements

1. Did you resume living with your parent(s) (including adoptive parents) in the past year or current year?   YES   NO

2. Did your parent(s) provide you with *any* support in cash or contribute to YES / NO paying for any part of your college expenses including but not limited to housing, food, and/or books and supplies?   YES   NO

3. Have any of the circumstances that were used to determine your original independent status changed?   YES   NO

Certification & Signature

By signing this application, I certify that all of the information reported on this application is complete and correct. I hereby certify that all information contained in this request to renew my independent status is true. I swear or affirm that I have not knowingly or intentionally provided any false statements or fraudulent documentation.

_____   _____
Student's Signature   Date