



**Fresno City College**  
**Financial Aid Office**  
 1101 E University Ave  
 Fresno, CA 93741  
 Phone: (559) 442-8245  
 Fax: (559) 499-6024

**2022-2023**

**DEPENDENCY OVERRIDE CONTINUATION FORM**

- 1) If you have not submitted a FAFSA for this year, apply at [www.fafsa.gov](http://www.fafsa.gov)
- 2) Complete this form and return it to the Financial Aid Office.

<b>STUDENT'S DEMOGRAPHICS</b>	NAME: _____ STUDENT ID: _____ 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>FATHER'S INFORMATION</b>	When was the last time you had contact with your Father? _____ <small>(month/year)</small> When did your Father last provide financial support for you? _____ <small>(month/year)</small> How often do you have contact with your Father? _____
<b>MOTHER'S INFORMATION</b>	When was the last time you had contact with your Mother? _____ <small>(month/year)</small> When did your Mother last provide financial support for you? _____ <small>(month/year)</small> How often do you have contact with your Mother? _____
<p>I certify that the information I supplied on my original Dependency Override Request has not changed. I am still unable to resume contact with my parents nor do I have any monetary or emotional support from them.</p> <p>I also certify that the information provided on this form is true and correct. I also understand that it will be used to override federal regulations regarding my dependency status. I fully understand that to falsify any information on this form to receive Federal Title IV funds is a federal offense and can be punishable by a \$20,000 fine, imprisonment, or both.</p> <p>I understand that if my situation changes in any way, if I move back with my parents or receive any kind of support from them, that I must report this information to the Financial Aid Office.</p> <p>Student Signature: _____ Date: _____ / _____ / _____</p>	
<p><b>FOR OFFICE USE ONLY:</b>  <i>The Financial Aid Office has used Professional Judgment and determined that this student continues to be Independent</i></p> <p>Remarks:          _____          _____</p> <p>FAA Signature: _____ Date: _____ / _____ / _____</p>	