



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

**2021-2022**

**DEPENDENCY OVERRIDE CONTINUATION FORM**

<b>Student Demographics:</b>	Name: _____ DOB: _____ SSN: _____ ID #: _____ Phone Number: _____ Address: _____ _____ _____ _____
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<b>Student's Present Living Arrangements:</b>	With whom do you live? _____ Monthly rent and utilities you pay: \$ _____ Number of years/months at current residence: _____ years _____ months
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<b>Dependency History:</b>	How often do you have contact with your parents? _____ When was the last time you had contact with your parents? _____ When did your parents last provide any financial support for you? _____
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**STUDENT CERTIFICATION:**

I certify that the information that I supplied on my original Dependency Override Request has not changed. I still am unable to resume contact with my parents and I do not receive any monetary or emotional support from them.

I 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 in order to receive Federal Title IV funds is a federal offense and can be punishable by a \$20,000 fine, imprisonment, or both.

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, I must report this information to the Financial Aid Office. **Digital and/or typed signatures are not acceptable.**

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

**FOR OFFICE USE ONLY:**

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

\_\_\_\_\_

\_\_\_\_\_

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