



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

2018-2019

DEPENDENCY OVERRIDE CONTINUATION FORM

Student Demographics:	Name: _____ DOB: _____ SSN: _____ ID #: _____ Phone Number: _____ Address: _____ _____ _____ _____
Student's Present Living Arrangements:	With whom do you live? _____ Monthly rent and utilities you pay: _____ Number of years/months at current residence: \$ _____ years _____ months
Dependency History:	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? _____
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. Student Signature: _____ Date: ____/____/____	
FOR OFFICE USE ONLY: <i>The Financial Aid Office has used Professional Judgment and determined that this student continues to be Independent.</i> Remarks: _____ _____ _____ FAA Signature: _____ Date: ____/____/____	