

2023-2024 DEPENDENCY OVERRIDE CONTINUATION

Phone: Fax: Address: Email: (559) 494-3012 (800) 643-0932 995 N. Reed Ave. reedley.financialaid@reedleycollege.edu

DEPENDENCY OVERRIDE CONTINUATION INSTRUCTIONS:

- If you have not submitted a FAFSA for this year, apply at <u>www.fafsa.gov</u>
 Complete this form and return it to the Financial Aid Office

STUDENT'S DEMOGRAPHICS	NAME:
	PHONE: E-MAIL:
STUDENT'S PRESENT LIVING ARRANGEMENTS	With whom do you currently live? How long have you lived with this person/family? yearsmonths How much do you pay in rent and utilities per month? \$
FATHER'S INFORMATION	When was the last time you had contact with your Father? When did your Father last provide financial support for you? How often do you have contact with your Father?
MOTHER'S INFORMATION	When was the last time you had contact with your Mother? When did your Mother last provide financial support for you? How often do you have contact with your Mother?
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. 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 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, that I must report this information to the Financial Aid Office.	
Student Signature:/ Date://	