



## 2023-2024 DEPENDENCY OVERRIDE CONTINUATION

Madera CCC: (559) 675-4800    Oakhurst CCC: (559) 683-3940    Fax: (800) 643-0518    Email: financialaid@maderacollege.edu

### DEPENDENCY OVERRIDE CONTINUATION INSTRUCTIONS:

- 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? _____  When did your Father last provide financial support for you? _____  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? _____  When did your Mother last provide financial support for you? _____  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 in order 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>	