2021-2022 DEPENDENCY OVERRIDE RENEWAL

Student Information:

Last Name: __________________________ First Name: __________________________ CWID: __________________________

Email: __________________________@warhawks.ulm.edu   Phone #: (              )

Federal financial aid regulations specify that you must meet certain criteria to be considered independent for federal financial aid purposes. These criteria are listed on Step Three of the FAFSA.

You **cannot** be considered independent for financial aid purposes based on the following reasons:

- You live on your own and pay your own bills.
- Your parents do not claim you on their tax return.
- Your parents refuse to contribute to your education.
- Your parents are unwilling to provide information required on the FAFSA or for verification purposes.

You requested reconsideration of your dependency status for a previous academic year and your request was approved. Please confirm whether or not your dependency status has changed for the 2021-2022 academic year.

Please select one of the following:

☐ My dependency status has not changed since last year. Please renew my Dependency Override Request for the 2021-2022 academic year.

☐ My dependency status has changed since last year. My Dependency Override Request must be reviewed to verify I still qualify as an Independent student for the 2021-2022 academic year. Explain:

*Note: The Committee may request additional documentation to support this request.*

**Certification and Signature:**

By signing this worksheet, I certify that all of the information provided on this form and the FAFSA is true and complete to the best of my knowledge. **WARNING: If you purposely give false and/or misleading information on this form or FAFSA, you may be fined, sent to prison, or both.** All signatures must be handwritten. Electronic signatures cannot be accepted.

_________________________________________  ___________________________________________  ____________
Student signature                      Student Printed Name                             Date

_________________________________________
Office Use Only

☐ Approved   ☐ Denied   Additional Notes:

Initials: __________________________

Date: __________________________