

2. How do you support yourself and meet your living expenses?

	Mother	Father
3. When was the last time you lived with your parents?	_____ Month/year	_____ Month/year
4. When was the last time you had any contact with your parents?	_____ Month/year	_____ Month/year
5. When did your parents last provide any form of support?	_____ Month/year	_____ Month/year
6. Please explain in detail the reason(s) you should be considered independent.		

Please attach a separate piece of paper if necessary to provide additional information that you feel supports your request.

7. **WRITTEN EVIDENCE MUST BE ATTACHED.** Please refer to the directions on the front of this form. Your request is NOT complete without appropriate evidence of your special circumstance.

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT AND I UNDERSTAND THAT IT MAY BE USED TO OVERRIDE FEDERAL REGULATIONS REGARDING MY DEPENDENCY STATUS. I UNDERSTAND THAT IF I PURPOSELY GIVE FALSE OR MISLEADING INFORMATION IN CONNECTION WITH MY APPLICATION FOR FEDERAL AID, I MAY BE SUBJECT TO A FINE OF UP TO \$20,000, SENT TO PRISON, OR BOTH.

I UNDERSTAND THAT IF I MOVE BACK IN WITH MY PARENTS OR RECEIVE ANY KIND OF SUPPORT FROM THEM, I MUST REPORT THIS TO THE FINANCIAL AID OFFICE IMMEDIATELY.

Signature

Date

For Office Use Only

<p>_____ Dependency Override Approved (circle appropriate criteria below)</p> <p>Adverse home environment</p> <p>Support by adult relative</p> <p>Incarcerated</p> <p>Applicant supports parent(s)</p> <p>Other; requires Director's approval</p>	<p>_____ Dep. Override Denied</p> <p style="text-align: center;">Reason?</p> <p>_____</p> <p>_____</p>
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Certification: I hereby use my professional judgment based on the information and documentation provided.

_____ Financial Aid Officer	_____ Date
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