CALIFORNIA STATE UNIVERSITY
FULLERTON

Return to: Office of Financial Aid
P.O. Box 6804 GH-146 Fullerton,
CA 92834-6804

Enter Student's CWID Here: _____ F0DORR

DEPENDENCY OVERRIDE RENEWAL (2021-2022)

PRINT CLEARLY AND USE BLACK INK

Our records indicate that your 2021-2022 financial aid eligibility was based on your approved Dependency Override appeal. Independent status must be examined each academic year. If your situation requires special handling because of your continued claim of independent status, you must complete this Dependency Override Renewal in order for our office to determine your dependency
status for 2021-2022. *Incomplete documents will not be returned. They will be disposed of in a secure manner, per university policy. This will delay processing.* Review each of the following three statuses and check the one box that best describes your situation:

STATUS ONE:

☐ Meet ONE or more of the criteria needed to be considered independent for financial aid purposes:

1) I was born before January 1, 1997, 2) I will be working on a graduate degree Fall 2021*, 3) I am married, 4) I have children who receive more than half of their support from me, 5) I have other dependents (not my children) who live with me and I provide more than half of their support, 6) both of my parents are deceased; 7) I was a ward of the court, 8) I am a veteran of the U.S. Armed Forces, or 9) I was an unaccompanied youth who was homeless.

- *ACTION:* You are no longer required to submit a Dependency Override renewal to the Office of Financial Aid because you now meet the federal criteria for independent status. Complete the 2020-2021 FAFSA on-line at www.fafsa.ed.gov no later than March 2, 2021 for priority consideration.

STATUS TWO:

☐ I have reestablished a relationship with my parent(s); therefore I am a dependent student for purposes of applying for financial aid in 2021-2022. My parent(s) will complete the parents' portion of the FAFSA application.

- *ACTION:* Complete the 2021-2022 FAFSA on-line at www.fafsa.ed.gov including your and your parents' information no later than March 2, 2021 for priority consideration.

STATUS THREE:

☐ I understand that a Dependency Override is granted on a yearly basis, and that I must reaffirm the unusual and extenuating circumstances that remain unchanged, which led to my approved Dependency Override during 2021-2022.

- *ACTION:*

  ☐ You must complete this form

  AND

  ☐ Provide an update on your circumstances by using the second page of this form, this will serve as your signed statement. You may type and attach a separate statement addressing each item on page two.

  AND

  ☐ Complete the 2021-2022 FAFSA on-line at www.fafsa.ed.gov by the priority filing deadline of March 2, 2021. Be sure to answer all questions in the student sections ONLY and select the option, *"I have a special circumstance and I am unable to provide parental information."* Our office will receive your 2021-2022 FAFSA information from the Central Processing System (CPS) beginning April 2021 and update your independent status accordingly if we approve your appeal.

**If you do not attend college Fall 2021, but plan to start your Master's program Spring 2022, you are considered independent for financial aid purposes.*

CERTIFICATION:
By signing this form, I certify that all of the information reported on this form and any attachments hereto is true, complete and accurate. I agree to provide additional proof of the information I have reported to the Office of Financial Aid, if requested to do so. I also certify that I have read the terms and conditions section of the CSU Fullerton, Financial Aid website (http://www.fullerton.edu/financialaid/info/Terms.php) *

Student's Signature: _____ Date: _____

Print Student's Name: _____ CWID: _____

*Warning: If you give false or misleading information on documents submitted to the Office of Financial Aid, you may be fined, be sentenced to jail or both.

Print Student's Name: _____ CWID: _____
Last **First**

PERSONAL STATEMENT

DEPENDENCY OVERRIDE
(Renewal)

DESCRIBE YOUR EXTENUATING CIRCUMSTANCES:

☐ The whereabouts of your biological or adoptive parents:
_____
_____
_____
_____

☐ Whether or not you had contact with either parent in the past year:
_____
_____
_____
_____

☐ The circumstance of your last contact you had with either parent:
_____
_____
_____
_____

☐ Any other special circumstances you believe we should consider that relate to your appeal for independence:
_____
_____
_____
_____

☐ How you supported yourself this past year:
_____
_____
_____

Signature: _____ Date: _____