



**Fresno City College
Financial Aid Office**
1101 E University Ave
Fresno, CA 93741
Phone: (559) 442-8245
Fax: (559) 499-6024

**APPEAL FOR INDEPENDENT STATUS
CONTINUATION**

2016 -2017

<p>Student Demographics:</p>	<p>Name: _____</p> <p>DOB: _____ SSN: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Phone Number: _____</p>
<p>Student's Present Living Arrangements:</p>	<p>With whom do you live? _____</p> <p>Monthly rent and utilities you pay: \$ _____</p> <p>Number of years/months at current residence: _____ years _____ months</p>
<p>Dependency History:</p>	<p>How often do you have contact with your parents? _____</p> <p>When was the last time you had contact with your parents? _____</p> <p>When did your parents last provide any financial support for you? _____</p>

STUDENT CERTIFICATION:

I certify that the information that I supplied on my original Dependency Override Request has not changed. I still am unable to resume contact with my parents and I do not receive any monetary or emotional support from them.

I 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, I must report this information to the Financial Aid Office.

Student Signature: _____ Date: ____/____/____

FOR OFFICE USE ONLY:

The Financial Aid Office has used Professional Judgment and determined that this student continues to be Independent.
Remarks:

FAA Signature: _____ Date: ____/____/____