

Dependency Status Override Application

Academic Year: 20_____ 20_____	Fairfield ID# _____
Student Last Name _____	First Name _____
Date of Birth _____ r _____ r _____	SSN _____ r _____ r _____
Email _____ @ _____	
Home Phone _____ r _____ r _____	Cell Phone _____ r _____ r _____
Work Phone _____ r _____ r _____	
Address _____	Apt # _____
City _____	State _____ Zip _____

The federal government sets the criteria to determine the dependency status for financial aid applicants. There are two types of students—dependent and independent. The Higher Education Amendments of 1992 redefined the criteria by which dependency is determined. Under these criteria, most unmarried, undergraduate students less than 24 years of age are

StudentLastName_____FirstName_____FairfieldID#_____

UNTAXED INCOME (Social Security Benefits, state/federal assistance)

Source: _____ Amount per month/year \$ _____

Source: _____ Amount per month/year \$ _____

AUTOMOBILE INFORMATION

Make _____ Model _____ Year _____ Insurance Company _____

Policy# _____ Policy Holder (if other than you) _____ Amount per month \$ _____

Lease Own Amount per month (if applicable) \$ _____

HOUSING INFORMATION

RENT _____ OWN _____ If RENT, name(s) on rental agreement/lease (if other than yours): _____

Amount per month (if rent/own): \$ _____

If you do not pay for your housing explain on a separate sheet of paper (in addition to your personal statement), who you live with and who pays for your housing.

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