2020-2021 Dependency Override Renewal Form

A student with a previously approved Dependency Override for the 2019-2020 aid year at UW-Whitewater, who does not meet the federal criteria for independent status on the 2020-2021 Free Application for Federal Student Aid (FAFSA), may submit this renewal application AND a statement documenting current status to determine if the extenuating circumstances established in the prior year still exist.

Requirements:
• You must have submitted the FAFSA for 2020-2021. This can be done online at www.fafsa.gov
• This completed form. Note that this form and any required documentation must be submitted no later than 30 days prior to the end of the enrollment period.
• Attach a typed personal statement with your name, date, and signature:
  1. outlining the mitigating circumstances and why you should continue to be considered dependent in 2020-2021
  2. including information as to your current living situation and how you are supporting yourself
  3. addressing if any of the circumstances that were used to determine your original independent status have changed

Upon receipt of your renewal request, it may be necessary to require additional information to clarify or supplement information already submitted. You will be notified if additional documentation is needed.

By signing this form,
• I give permission to the Financial Aid Office to verify any information that I provide with this form.
• I certify that all of the information provided on this form and the supporting documents are true and accurate to the best of my knowledge.
• I understand if I reestablish contact with my parents, including but not limited to living with them or accepting their support, I must notify the Financial Aid Office immediately.
• I understand that if I purposely give false or misleading information with this form, my dependency override will not be approved.

Student’s Signature: ____________________________ Date: ____________

For Office Use Only

This form is being provided due to: ______________________________________

☐ Approved
☐ Denied

Authorized By: ____________________________ Date: ____________
Processed By: ____________________________ Date: ____________