

2027-2028 Dependency Override Renewal

1000 N Main St, Findlay, OH 45840-3653

Name: _____ UF ID #: _____

UF E-mail: _____ D.O.B.: _____

Dependency Override Information

A student with an approved Dependency Override for a previous aid year, who does not meet the federal criteria for “independent” status on the 2027-2028 FAFSA, may submit this renewal form and supporting documentation (if required) to maintain the Independent status granted in the prior year. According to federal regulations, only certain conditions qualify as unusual circumstances meeting the requirements for continued approval of a dependency override.

Certification Statements

Check the appropriate box for each question.

1. Academic year original documentation was submitted: _____
2. Did you resume living with your biological or adoptive parent(s) in the past year or current year? Yes ☐ No ☐
3. Did your biological or adoptive parent(s) or another person claim you as a dependent in 2025? Yes ☐ No ☐
4. Did your biological or adoptive parent(s) provide you with any support in cash or contribute to paying for any part of your college expenses including room and food? Yes ☐ No ☐
5. Have any of the circumstances that were used to determine your original independent status changed? Yes ☐ No ☐
If yes, please provide a personal statement as indicated below under Required Documentation.

Required Documentation

The following documentation must be submitted along with this request:

- ☐ **2027-28 FAFSA** <https://studentaid.gov/> — Your FAFSA must be received at UF before we can review your appeal.
- ☐ **Personal Statement by Student (only if you checked ‘Yes’ on question 5 above)**— Attach a typed personal statement summarizing the unusual circumstances with your name, UF ID #, date and signature summarizing what has changed since you were originally granted a Dependency Override.

Certification and Signature

I certify that all information provided in this document is true, complete and accurate to the best of my knowledge. I further understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. Also purposely giving false or misleading information on this worksheet may lead to fines, jail sentences, or both. I authorize the University of Findlay to make any change(s) necessary as a result of the updated information that I have provided.

Student Signature: _____ Date: _____