UNIVERSITY OF HARTFORD

RENDEP

2020–2021 Dependency Override Renewal Application

The Office of Student Financial Aid previously granted a dependency override for the prior financial aid award year. In order to continue to process your financial aid application with the same status as the prior year, you must provide the following form attesting to your current situation.

A. <u>Student Information</u>					
Name:		ID#:			
Address:	Date of Birth:				
City:	State:	Zip Code:	Phone#:		
B. <u>2019-2020 FAFSA Status</u> <i>Check one.</i> □Already Filed FAFSA	□Not Y	et Filed			
C. <u>Certification Statements</u>					
• Did you resume living with your l	biological or a	idoptive parent(s) ir	n the past year or current year?	□Yes	🗆 No
• Will your biological or adoptive p	arent(s) or a	nother person claim	you as a dependent in 2018?	□Yes	🗆 No
• Did your biological or adoptive pa	arent(s) prov	ide you with any sur	pport in cash or contribute to pay	ing for any	part of
your college expenses including	room and foo	d? □Yes	□No		
• Have any of the circumstances the <i>*If yes, please</i> .			riginal independent status chang ement regarding the recent chang		s* □No
D. <u>Certification & Signature</u>					
By signing this application, I certi <u>f</u> hereby certify that all information that I have not knowingly or inten	contained in	this request to rene	w my independent status is true	. I swear or	
Student Signature			Date		
Please send completed	application	to the Office of Fi	nancial Aid via email, mail, or	fax	

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