UNIVERSITY OF HARTFORD

RENDEP

2022–2023 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>2022-2023 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	doptive parent(s) i	n the past year or current year?	□Yes	🗆 No
• Will your biological or adoptive p	arent(s) or a	other person clain	1 you as a dependent in 2020?	□Yes	🗆 No
• Did your biological or adoptive pa	arent(s) provi	de you with any su	pport in cash or contribute to pay	ving for any	part of
your college expenses including i	room and food	l? □Yes	□No		
• Have any of the circumstances the <i>*If yes, please</i> .			original independent status chang tement 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 ren	ew my independent status is true	e. I swear or	
Student Signature			Date		
Please send completed	application	to the Office of F	inancial Aid via email, mail, o	r fax	

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