



# 2022-23 Dependency Override Renewal

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Current Mailing Address of Student \_\_\_\_\_  
(if none, please list name, phone number, \_\_\_\_\_  
and mailing address of current contact): \_\_\_\_\_

A student with a previously approved Dependency Override for the 2021-2022 aid year at Montana Tech who does not meet the federal criteria for independent status on the 2022-2023 Free Application for Federal Student Aid (FAFSA) may submit this renewal application AND a typed statement documenting current status for determination if the extenuating circumstances established in the prior year still exist.

**FAFSA Application Status:**  Already Completed  Will Complete

## Documentation Needed:

You must attach, a TYPED personal statement that includes your name, current date, and signature along with a summary of the events that led to your previous approved dependency override and document your current status.

**\*Additional information may be requested from the Office of Financial Aid if you are selected for verification. Please monitor your To Do List for updates. \***

## Student Certification:

*By signing this form, I affirm that all information on this form and on any attachments is complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.*

\_\_\_\_\_  
Student Signature (Required)

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY:**  Approved  Denied  Cancelled