UNIVERSITY OF HARTFORD

RENDEP

2024–2025 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>2024-2025 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 b	piological or a	adoptive parent(s)	in the past year or current year?	□Yes	🗆 No
• Will your biological or adoptive p	arent(s) or a	nother person clair	n you as a dependent in 2022?	□Yes	🗆 No
• Did your biological or adoptive pa	arent(s) prov	ide you with any s	upport in cash or contribute to pay	ring for any	part of
your college expenses including r	oom and foo	d? □Yes	□No		
• Have any of the circumstances that <i>*If yes, please A</i>			original independent status chang atement regarding the recent chang		s* □No
D. <u>Certification & Signature</u>					
By signing this application, I certify hereby certify that all information that I have not knowingly or intent	contained in	this request to rea	new my independent status is true	. I swear or	
Student Signature			Date		
Please send completed	application	to the Office of I	Financial Aid via email, mail, or	fax	

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