P I N R E A

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# OFFICE OF FINANCIAL AID
# 2017-2018 AID YEAR

## Dependency Override Affirmation Form

**In the previous year _____ I was granted a dependency override from the Office of Financial Aid at Orange County Community College. According to Federal regulations, "not only do dependency overrides not carry over from one school to another, they do not carry from one year to the next; if the student is not independent for some other reason, the Financial Aid Office must reaffirm each year that the unusual circumstances persist and that an override is still justified".**

**Please sign below:**

**I, _____ reaffirm that the circumstances I used to support my**
**(Print Name)**
**petition for Independence included in the documentation submitted, still exist.**

_____ _____
**(Signature)** **(Date)**

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