



FINANCIAL ASSISTANCE OFFICE

## Dependency Override Form

**STUDENT INFORMATION:** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ NSHE ID # \_\_\_\_\_

**STUDENT'S INCOME INFORMATION:** Current Year Total Income \$ \_\_\_\_\_ Prior Year Total Income \$ \_\_\_\_\_  
(Include all sources of income: wages, untaxed income, interest income, etc.)

**Attach the following to this form.**

1. On a separate sheet of paper describe the following:

- < The last time you had contact with each of your parents. Indicate when, where, and the nature of the contact.
- < How do you support yourself and meet expenses? If your income does not fully cover all your expenses, explain



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