

FLORIDA STATE UNIVERSITY

2008-2009 DEPENDENCY OVERRIDE APPLICATION

<u>STUDENT NAME</u>			
<hr/>	<hr/>	<hr/>	<hr/>
LAST	FIRST	M.I.	SOCIAL SECURITY NUMBER
<hr/>			
BIRTHDATE			
<hr/>			
STREET ADDRESS			
<hr/>			
CITY	STATE	ZIP CODE	HOME TELEPHONE

If you have extenuating circumstances which you believe warrant a re-evaluation of your dependency status for the 2008-2009 academic year, you may complete this Dependency Override Application Form. You must complete all sections of this form and attach any and all appropriate documentation. This office may request additional information or documents for the review process. ***This form is not for those students whose parent(s) will not or cannot financially contribute to their educational expenses.***

You must also attach the following documents to this form:

- ✓ a copy of the student's 2007 signed federal tax return
- ✓ a completed and signed 2008-2009 Free Application for Federal Student Aid (FAFSA), or Renewal FAFSA.

Please answer the following questions:

Where did you live in 2007? on campus off campus with parent(s)

Where will you live in 2008? on campus off campus with parent(s)

Did your parent(s)/step parent(s) claim you on their federal tax return in 2007? YES NO

Will your parent(s)/step parent(s) claim you on their federal tax return in 2008? YES NO

Did your parent(s)/step parent(s) provide your health insurance for 2007? YES NO

Will your parent(s)/step parent(s) provide your health insurance for 2008? YES NO

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