



## 2014-2015 Continuation of Dependency Override Status

### RETURN TO:

San Bernardino Valley College  
Financial Aid Office – AD/SS 106  
701 S. Mt. Vernon Ave.  
San Bernardino, CA 92410

Name of Financial Aid Applicant *(Please Print)*

\_\_\_\_\_  
Last First Middle  
Date of Birth: \_\_\_\_\_  
Month Day Year

Student ID#: \_\_\_\_\_ Social Sec# \_\_\_\_\_

In order to continue to be treated as an Independent student for financial aid purposes, you must confirm your status each year. **Please answer the following questions fully and provide as much detail as possible:**

1. What is your current situation and why should you still be treated as an Independent student?
2. What are your present living arrangements? Please include details on whom you live with and since what date.
3. How do you support yourself and meet your living expenses? Please include amounts below:

Rent (or mortgage including taxes if applicable)	\$
Utilities (gas, electric, telephone, etc.)	\$
Food (at home and away from home)	\$
Transportation (car payment, gas, oil, repairs, or other costs)	\$
Personal necessities, miscellaneous items	\$
<b>TOTAL MONTHLY EXPENSES</b>	\$
<b>TOTAL FOR YEAR (MONTHLY x 12)</b>	\$

4. List your income below and/or any financial resources for the last two years: 2013 & 2014 \*
- \* If you filed a 2013 tax return, please use the "data retrieval tool" to submit all tax information or provide an official tax transcript from IRS. Copies of tax forms will no longer be accepted as proof of income. Go to [www.valleycollege.edu/financial\\_aid](http://www.valleycollege.edu/financial_aid) to learn more about income tax verification.*

Type of Income/Resource	2013	2014
Income/Wages	\$	\$
Savings	\$	\$
Benefits (SSI, TANF, etc.)	\$	\$
Financial Aid	\$	\$
Cash Support from Others	\$	\$
Other Explain type of other income here:  _____  _____  _____	\$	\$

---

**Certification:** I certify that all of the information reported on this form is true, complete, and accurate to the best of my knowledge. I agree to provide proof of the information that I have reported on this form. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. I understand that I must report changes of the above information to the Financial Aid Office immediately.

---

Student's Signature

---

Date