## **RECERTIFICATION FOR CHANGE OF DEPENDENCY STATUS**

## 2011-12 Academic Year

If you previously had a Dependency Override approved by our office you must complete, print, sign and submit this form for processing to the Office of Financial Aid and Scholarships, Indiana University South Bend, PO Box 7111, South Bend, IN 46634-7111. Failure to provide truthful and accurate information on this form may result in the cancelation and a required repayment of aid already received.

Student Name:\_\_\_\_\_ University ID Number\_\_\_\_\_

During the last academic year, your request to change your dependency status was approved. In order to maintain that change, federal regulations require recertification each year. Provide a brief description to each of the following questions. If additional space is needed, attach a typewritten statement to this form before submission.

1. Explain why you initially requested a change of dependency status.

2. Explain your current living arrangements.

3. Describe your current financial situation (work, money received or paid on your behalf).

4. Explain your current relationship or contact is with your biological parents.

Certification: I certify that the information provided on this form is complete and correct as of the date signed.