

2018-19 Dependency Override Request Form

Student Name: _____ C- Number: _____

SECTION A: REASON FOR REQUEST

A student who does not meet the federal criteria for independent status on the Free Application for Federal Student Aid (FAFSA) may submit this form and supporting documentation for a determination if unusual circumstances exist for granting dependency override. You must complete **all** items on this form. Attach all required and relevant documentation to this form.

Please Note: *Not all requests will be approved.* Please see the SUNY Cortland website for more information on circumstances that constitute eligible overrides. Changes resulting from this review **do not** guarantee an increase in your aid.

The following circumstances do not merit a dependency override:

- Parents refuse to contribute to the student's education;
- Parents are unwilling to provide information on the application or for verification;
- Parents do not claim student as a dependent for income tax purposes; and/or
- Student demonstrates total self-sufficiency.

❖ New Request

1. Submit a letter explaining your request for the dependency override
 - a. Include last date and nature of parent contact
 - b. Location of your parents
 - c. How you are supporting yourself
2. Third party reference letters
 - a. **Two** signed and dated statement from a third party source (high school guidance counselor, court official, clergy, or social service member) that is familiar with the situation
3. Proof of how your support yourself (current pay stub, tax return, etc.)
4. Additional supporting documentation (police report, court documents, death certificates, etc.)

❖ Renewal Request

1. Submit a letter providing a detailed explanation of the unusual and extenuating circumstances that remain unchanged, which led to your approved dependency override during the 2017-18 academic year.

SECTION B: CERTIFICATION AND SIGNATURE

Certification: I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

Student's Signature:

Date:

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