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.

☐ 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 (Unaccompanied Homeless Youth)
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. One signed and dated statement from a third party source that is familiar with the situation
3. Proof of how your support yourself (current pay stub, tax return, etc.)

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 form was signed _______________________________