

Appeal Instructions

You should complete this form if you are considered a dependent student for federal financial aid and believe you have compelling extenuating circumstances which should allow you to be considered an independent student.

We understand the sensitive nature of these circumstances; all documentation received by the Office of Financial Aid will be kept confidential.

Financial Aid policy at the University at Buffalo requires that a student seeking a Dependency Override must complete the Dependency Override Appeal. Decisions made at other institutions are not accepted.

1. Complete the 2018-2019 FAFSA *prior to* submitting a Dependency Override Appeal
2. Complete all sections of the Dependency Override Appeal form
3. Provide at least two letters from third-party adult individuals who personally have knowledge of your situation and can verify your circumstances. *At least one letter must be on professional letterhead from a high school guidance counselor, physician, social worker, clergy or other individual involved in the circumstances in a professional capacity.*

All letters must detail how the individual knows you, for how long, as well as how they have been involved and/or have first-hand knowledge of your situation. They should also include a phone number and address where the individual can be reached for follow up questions if needed.

4. Include a copy of your current lease or rental agreement. If you do not have either, include a signed statement from your current landlord verifying your tenancy.
5. Mail or drop off your completed form, letters, and supporting documentation to:

Financial Aid at 1Capen
University at Buffalo
Capen Hall
Buffalo, NY 14260

A financial aid advisor will review your documentation and notify you as of the results. The determination made by the Office of Financial Aid is final and cannot be appealed to the Department of Education.

Student Information

Last Name: _____ First Name: _____ UB Person Number: _____

The policy of the University at Buffalo requires a student seeking a dependency override to complete and submit a Dependency Override Appeal Form, along with all required documentation. You must submit this information even if you have requested and been approved for a Dependency Override at another institution.

Include a personal statement. Attach additional pages as necessary. Your statement should detail the extenuating circumstance that you believe warrants a review of your dependency status. You must include the nature of the relationship with both your mother and father, the location of both parents and when you were last in contact with them, as well as why you are unable to obtain information and/or support from your parents.

Third Party/Professional Statements. Provide at least two letters from a third party adult, who personally has knowledge of you and your situation and who can verify your circumstances. Letters must include:

1. At least one letter (on letterhead) must be from an individual who has been involved in the circumstances in a professional capacity such as a guidance counselor, physician, social worker, licensed therapist, clergy person.
2. All letters must include details as to how the person knows you, how long they have known you, and how they have been involved and/or have first-hand knowledge of your situation.
3. Individuals submitting letters cannot be related to one another, nor can they reside at the same address. A telephone number and address where the individual can be reached for follow up questions must be included.

Residence Information. Check the appropriate box below:

Where did you live during the 2017-2018 academic year? With Parents Other: _____

Where will you live during the 2018-2019 academic year? With Parents Other: _____

Expenses. For each item below, check the appropriate box.

Did your parent(s) claim you as an exemption on their 2017 federal tax returns? Yes No

Did/Will your parent(s) claim you as an exemption on their 2018 federal tax returns? Yes No

Did you parent(s) provide your health insurance during the 2017-2018 academic year? Yes No

Did/Will your parent(s) provide your health insurance during the 2018-2019 academic year? Yes No

Did your parent(s) provide your auto insurance in the 2017-2018 academic year? Yes No

Did/Will your parent(s) provide your auto insurance during the 2018-2019 academic year? Yes No

