

**Student Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle I: \_\_\_\_ Person Number: \_\_\_\_\_

**Instructions**

The Office of Financial Aid at the University at Buffalo may consider a student under the age of 24 as Independent for financial aid purposes only in unusual circumstances.

**Circumstances which may be considered:**

- The student's voluntary or involuntary removal from their parents' home due to an extreme situation that threatened the student's health and/or safety and due to these conditions, parent support was terminated
- Incapacity of parent(s) - incarceration, mental or physical illness or the inability of the applicant to locate the parent(s)
- Other extenuating circumstances that can be sufficiently documented

**Circumstances which will not be considered:**

- Student is living at home (or with relatives) but paying rent
- Student has ongoing arguments with parents and due to this the parents have refused to help the student
- Student has chosen to leave parent's household and put him or herself through college
- Parents have chosen not to provide help with the student's college expenses or provide financial information
- Student lives with or has a step-parent who refuses to provide support or income information

**Review Procedures:**

If you feel you meet the criteria to be considered for a dependency override, please complete and submit this form along with the required documentation, as found on page 2. Your financial aid advisor will review the documentation and make a determination. Decisions are made annually. If you were granted a dependency override last year, submit the 2016-2017 Dependency Override Renewal found at <http://financialaid.buffalo.edu/forms/index.php>.

The decision of the Office of Financial Aid is FINAL and cannot be appealed to the U.S. Department of Education.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle I: \_\_\_\_\_ Person Number: \_\_\_\_\_

According to federal regulations, only certain conditions qualify as unusual circumstances meeting the requirements for approval of a dependency override. The burden of proving your eligibility for independent status rests on you. Make sure your request is complete before submitting.

This request applies only to federal financial aid programs. A separate request must be made to New York State Higher Education Services Corporation (NYSHESC) for TAP consideration.

### Certification Statements

Check the appropriate box for each question:

1. I am currently living with by biological parent(s) or adoptive parent(s):  Yes  No
2. I am currently living with my grandparent(s)/relative/guardian:  Yes  No
3. I will be claimed as a dependent on another person's 2015 Federal Income Tax Return  Yes  No

### Required Documentation

The following documentation must be submitted along with this request:

- Two letters from disinterested third parties explaining the details of your situation. A disinterested third party is a person who will not benefit from the student being granted independent status, and who knows the nature of the case. Examples of such a person might be a priest, minister, rabbi, social worker, teacher or case manager.
- A signed statement from you describing the circumstances in detail, along with supporting documentation to corroborate your case.
- A signed copy of your 2015 Federal Tax Return or Federal Tax Return Transcript. If a Federal Tax Return was not filed, submit a signed statement describing how you were supported in 2015.

### Certification and Signature

I certify that all information provided in this document is true, complete and accurate to the best of my knowledge. I further understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. Also, purposely giving false or misleading information on this worksheet may lead to fines, jail sentences, or both. I authorize the University at Buffalo to make any change(s) necessary as a result of the updated information that I have provided. I also understand that I may submit only one request per academic year, and that the decision of the Office of Financial Aid is final.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_