

**Student Information**

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

**Dependency Override Information**

A student with an approved Dependency Override for the 2015-2016 aid year who does not meet the federal criteria for independent status on the 2016-2017 Free Application for Federal Student Aid (FAFSA) may submit this renewal form and supporting documentation. According to federal regulations, only certain conditions qualify as unusual circumstances meeting the requirements for continued 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. Academic year original documentation submitted: \_\_\_\_\_
2. Did you resume living with your biological or adoptive parent(s) in the past year or current year?  Yes  No
3. Will your biological or adoptive parent(s) or another person claim you as a dependent in 2015?  Yes  No
4. Did your biological or adoptive parent(s) provide you with any support in cash or contribute to paying for any part of your college expenses including room and food?  Yes  No
5. Have any of the circumstances that were used to determine your original independent status changed?  Yes  No  
\*If yes, please provide a personal statement as indicated below under Required Documentation.

**Required Documentation**

The following documentation must be submitted along with this request:

- A signed copy of your 2015 Federal Tax Return or IRS Tax Return Transcript. If a federal tax return was not filed, submit a signed statement describing how you were supported in 2015.
- Personal Statement by Student (only if you check 'yes' to question 5 above)** - Attach a typed personal statement with your name, UB person number, date, and signature summarizing what has changed since you were originally granted a Dependency Override.

**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: \_\_\_\_\_