



Student Information:

Last Name: _____ First Name: _____ Middle I: _____ Person Number: _____

Instructions

A student under the age of 24 may be considered 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
- Parents have refused to help the student due to personal conflict
- 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 directed 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 2017-2018 Dependency Override Renewal found at <http://financialaid.buffalo.edu/forms/index.php>.

The Dependency Override decision is final and cannot be appealed.



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.

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 New York State Awards.

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(s)/guardian(s): Yes No
If yes, who are you living with (relationship): _____
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. Letters from family members or friends cannot be accepted.
- 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 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 Financial Aid Office is final.

Student Signature: _____ Date: _____