

Federal financial aid regulations assume that a student's family has primary responsibility for meeting educational costs. If you are considered a dependent student according to the federal financial aid definition, your aid eligibility is determined using parent income and asset information in addition to your information.

### What makes a student Independent?

Your student dependency status is determined by the U.S. Department of Education, based on your responses to specific questions on the FAFSA. For financial aid purposes, federal regulations have defined an independent student as one who meets at least one of the following conditions:

- Born before January 1, 1995
- Married as of the date the FAFSA was signed
- Currently serving on active duty in the U.S. Armed Forces for other than state or training purposes
- Veteran of U.S. Armed Forces, will be by June 30, 2019, or have attended a service academy and released under a condition other than dishonorable.
- Have a children, or dependents other than a spouse, who will received *more than half* of their support from you between July 1, 2018 and June 30, 2019
- Attending a graduate level program of study during the 2018-2019 academic year
- Emancipated minor or in a Legal Guardianship as determined by the court in their state of legal residence.
- Orphan, Ward of the court, or in foster care after the age of 13.
- A self-supporting unaccompanied youth who is homeless or at risk of homelessness as certified by governmental of high school district homeless liaison.

A student who does not meet *any* of the above classifications is classified as a Dependent student.

### What is a Dependency Override

A dependency override occurs when a financial aid administrator exercises professional judgment and overrides the Department of Education's criteria for dependent students. An override may only be granted on a case-by-case basis for students with unusual and exceptional circumstances. These circumstances must show compelling reason for a student to be considered independent rather than dependent. Decisions made by the Office of Financial Aid are final and cannot be appealed to the Department of Education.

### What conditions could warrant a Dependency Override?

The following are some examples of conditions that could warrant a Dependency Override

- Documented abandonment
- Parental substance abuse
- Parental incapacity
- Physical or emotional abuse
- Severe estrangement from parents
- Parental incarceration

### What conditions Do Not warrant a Dependency Override?

By federal law, the following conditions do not warrant a Dependency Override:

- Parents refuse to provide information on the FAFSA application or for verification.
- Parents do not claim student as a dependent for tax purposes.
- Parents are unwilling or unable to contribute to student's education
- Student demonstrates self-sufficiency
- Student reluctant to request the income information from parents.
- Student does not wish to communicate with parents.

### 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. Return the completed form with the required documentation to Financial Aid at 1Capen.

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. Drop off your completed form, letters, and supporting documentation *in person* to 1Capen on North Campus or 1Diefendorf on South Campus.

*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 below.** 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 last were 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 2016-2017 academic year?  On Campus  Off Campus  With Parents

Where did you live during the 2018-2018 academic year?  On Campus  Off Campus  With Parents

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

Did your parent(s) claim you as an exemption on their 2016 federal tax returns?  Yes  No

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

Did your 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 2018-2018 academic year?  Yes  No

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

## Student Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ UB Person Number: \_\_\_\_\_

**Expenses** Indicate individual paying for each expense listed below.

Expense	Resource (who pays this bill)
Rent	
Utilities	
Phone	
Groceries	
Transportation	
Medical and Health Insurance	

**Prior Year Information**

Did you receive financial aid during the 2017-2018 academic year?  Yes  No

If yes, which institution(s) did you attend during the 2017-2018 academic year? \_\_\_\_\_

\_\_\_\_\_

## 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: \_\_\_\_\_