

Student Information

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

About Dependency Override

A student with an approved Dependency Override for the 2017-2018 aid year who does not meet yet the federal criteria for Independent status on the 2018-2019 Free Application for Federal Student Aid (FAFSA) may submit this renewal form and supporting documentation to maintain the Independent status granted in the prior year. 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. Incomplete forms will not be processed.

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

Certification Statements

Check the appropriate box for each question.

1. Academic year original documentation was submitted: 20__-20__
 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 on their 2016 taxes? 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 approve 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 2016 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 2016.

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: _____