

Unusual Circumstance: 2024-2025 Dependency Override Renewal

Submit forms utilizing one of the options below. Note: email is not a secure form of communication, do not submit documents via email.

- Electronically via the Secure Document Upload Center - financialaid.buffalo.edu/forms/documentation-upload-center/. Submit your .pdf, .jpg, .jpeg, or .docx files with your UB Person Number included in the file name. **All Financial Aid Forms require your legal name.**
- Fax to 716-645-6566
- All Financial Aid forms require your legal name.
- By mail to Financial Aid at 1Capen, Capen Hall, Buffalo, NY 14260

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

Instructions

Complete this form if you were approved for a dependency override during the 2023-24 academic year and your situation will not change during the 2024-25 year.

Certification Statements

Original dependency documentation was submitted during which academic year? 20____-20_____

Circle the appropriate response to each question below.

- | | | |
|--|-----|----|
| 1. Did you resume living with your biological or adoptive parent(s) in the past year? | Yes | No |
| 2. Will your biological or adoptive parent(s) or another person claim you as a dependent on their 2024 taxes? | Yes | No |
| 3. 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 |
| 4. Have any of the circumstances used to approve your original independent status changed? If yes, please include details in the personal statement as instructed in the next section. | Yes | No |

Required Documentation

Submit the following documentation along with this form:

- A signed copy of your 2022 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 2022.
- **Personal Statement by Student (only if you responded 'yes' to question 4 above)** - Attach a 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 – Please **handwrite** your signature. Typed signatures cannot be accepted.

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: _____

(Cannot be typed)