2018-2019 Dependency Override Form

PLEASE PRINT BELOW

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<tr>
<th>Last Name</th>
<th>First Name</th>
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<th>Social Security #</th>
<th>CUNY First ID</th>
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Students who do not meet the federal criteria to be considered independent based on the 2018-2019 Free Application for Federal Student Aid (FAFSA) may submit this form with supporting documentation for review to determine if unusual circumstances exist for granting a dependency status override. Dependency overrides are reviewed on a case-by-case basis for students with extraneous circumstances and are evaluated each award year.

The following are circumstances that will **NOT** be considered:
- Parent(s) refusal to contribute to the student’s education
- Parent(s) did not claim student on their tax returns
- Parent(s) unwillingness to provide information on the FAFSA
- The student demonstrates total financial self – sufficiency.

**PLEASE INITIAL THE BOX THAT BEST DESCRIBES YOUR CIRCUMSTANCES**

- [ ] A severe situation exists in your family which prevents you from obtaining your parents’ information such as abandonment, physical/mental abuse, parental drug or alcohol abuse or any other extraneous circumstances beyond your control.

**Documents required for the review:**

**Personal Statement by Student**
- Please submit a typed personal statement thoroughly detailing your circumstances. Your statement must include:
  - The last date you had any form of contact with your parents as well as the nature of that contact,
  - Your parents’ location and
  - Explain how you have been supporting yourself.

**Third Party statement from a Professional**
- Please attach a letter from a third party (e.g. Social Worker, Teacher or Clergy Member) explaining your circumstances and knowledge concerning your relationship with your parents. (Letter must be typed on a letterhead and **cannot be from a friend or relative**).

**2016 Tax Return Transcript**
- You can either request a transcript online by visiting [https://www.irs.gov/Individuals/Get-Transcript](https://www.irs.gov/Individuals/Get-Transcript) or by calling (800)908-9946.

**Other Documents**
- 2018-2019 Independent Verification Worksheet
- Lease and/or rent receipt or other documentation in your name
- Utility bills in your name
- Health insurance policy in your name
- Court documents
You are a political refugee or have political asylum, and your parents do not reside in the United States and are unable to provide parental information because of long-standing political policy or civil unrest in that country that prevents mail or funds from passing between you and your parents.

Documents required for the review:

Personal Statement by Student
- Please submit a typewritten letter detailing why you should be considered an independent student. Please describe the situation where your parents live that prevents mail or funds from entering or leaving that country. If you are receiving support from friends or relatives, you must describe the nature of that support and how you came to receive it. If you are self-supporting, explain how you came to support yourself, and the period of time you have done this.

Documentation
- Provide a statement from an embassy official (or other diplomatic office) of the country where your parents live or from an appropriate refugee agency that describes the long-standing political policy or civil unrest that exists there. The statement must confirm that it is impossible to get mail or funds in or out of the country. The statement must be signed and typed on original agency letterhead.

2016 Tax Return Transcript
- You can either request a transcript online by visiting https://www.irs.gov/Individuals/Get-Transcript or by calling (800)908-9946.

Other Documents
- 2018-2019 Independent Verification Worksheet
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- Health insurance policy in your name
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Note: You must first complete your 2018-2019 FAFSA before you can submit a dependency override. You may also attach any additional documents which may demonstrate your need for this override

Certification and Signature(s)
By signing this form, you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if asked, to provide information that will verify the accuracy of your completed form.

Student’s Signature: _____________________________________ Date: ______________________

For Administrative Use Only
Reason for granting/denying a request for Dependency Override:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

☐ Approved ☐ Denied

FAA Signature: _____________________________________ Date: ______________________