

OFFICE OF FINANCIAL AID

2019-2020 DEPENDENCY OVERRIDE FORM

Students who do not meet the federal criteria to be considered independent based on the 2019-2020 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 extenuating circumstances and are evaluated each award year.

Last Name

First Name

CUNYFirst ID #

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;
- Student demonstrates total financial self-sufficiency.

PLEASE CHECK 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 extenuating 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 mother and father as well as the nature of that contact,
 - > Your parents' (mother and father's) full name and location(s) 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. This letter should also include the date you lost contact with your parents and their current knowledge of your dependency status. (Letter must be typed on a letterhead and cannot be from a friend or relative.)

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- 1. Where do you currently live (address)?: _____
- 2. What is your mother's full name?___
- 3. What is your mother's current (or last known) address?___
- 4. When was the last time you had any contact or communication with your mother (month/year)?

5. Describe the events that led to the separation between yourself and your mother:

6.	What is your father's full name?
7.	What is your father's current (or last known) address?
8.	When was the last time you had contact or communication with your father (month/year)?
0. 9.	Describe the events that led to the separation between yourself and your father:
9.	
10.	When did you stop living with your parents (month/year)?
11.	Who did you live with once you stopped living with your parents?
	Who are you currently living with?
	Did you work in 2017? Yes No If no, explain how you supported yourself in 2017:
10.	
14.	Are you currently working? Yes No If no, explain how you are currently supporting yourself:

Note: You must first complete your 2019-2020 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 request for Dependency Override:							

	Approved	Denied	
FAA Signature:			Date: