



2020-2021 Dependency Override Form

PLEASE PRINT BELOW

First Name:	Last Name:	CUNYFirst ID#:
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Students who do not meet the federal criteria to be considered Independent based on the 2020-2021 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 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 the family which prevents me from obtaining my 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 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 **letterhead** and **cannot be from a friend or relative**).

2018 Tax Return Transcript or signed 2018 Federal Tax returns

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

Other Documents

- 2020-2021 Independent Verification Worksheet
- Lease and /or rent receipt or other documentation in your name
- Utility bills in your name
- The health insurance policy in your name
- Court documents

<u>Student Financial Services - Staff Only</u>	
Staff Signature:	_____
Date collected:	_____

I am a political refugee or have political asylum, and my 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 me and my 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.

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.

2018 Tax Return Transcript or signed 2018 Federal Tax returns

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

Other Documents

- 2020-2021 Independent Verification Worksheet
- Lease and /or rent receipt or other documentation in your name
- Utility bills in your name
- The health insurance policy in your name
- Court documents

Note: You must first complete your 2020-2021 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, I certify that all of the information I provided is true and complete to the best of my knowledge and I agree, if asked, to provide information that will verify the accuracy of my completed form.

Student's Signature: _____ Date: _____

For Administrative Use Only

Reason for granting/denying a request for Dependency Override:

Approved

Denied

FAA Signature: _____ Date: _____