

**OFFICE USE ONLY**

Collection date _____

In-person (initial) _____

Fax/Email (initial) _____

Mail (initial) _____

2015 – 16 DEPENDENCY APPEAL FORM**Student Name:** _____**SS#:** _____

Many students assume that if they are not living with their parent(s) and are responsible for their own expenses should be considered for financial aid as an independent student. However, Congress' definition of independence is not that simple and for the most part many of our students are dependent students. If you are a dependent student because you answered "No" to all the questions on Step Three of your FAFSA, but wish to apply for financial aid as an independent student, you will need to complete this form and return it in person at the Financial Aid counter at the Enrollment Services Center, lobby, West Quad Center or via fax to 718-758-8312 along with all required documentation.

Important: Dependency appeals are granted on a yearly basis. A new Dependency Status Appeal form and documentation must be submitted for every new academic year until you are recognized as an independent student by the U.S. Department of Education, upon filing your FAFSA.

Please allow 2 – 3 weeks for the review process. All decisions are final.

****Your 2015 – 2016 FAFSA must be filed before submitting this form. ****

A.**Required Documentation****1. Petition Letter:**

A **mandatory** typed and signed detailed account describing the events in your life which led to your separation from **both** of your parents (if such documentation is not possible, please provide adequate supporting documentation as to why you cannot). In addition, your explanation should include your last contact with both parents and your current relationship with them (see attached guide).

2. Supporting Documentation:

Documentation that is appropriate and required for the support of your appeal: **your birth certificate, parent(s)' death certificates, custody papers, police reports, court reports, social service agency/guidance/therapist letters, high school records, etc.** All of the information you provide will be used solely to determine your dependency status and will be kept by the Office of Financial Aid in the strictest confidence.

3. Third Party Statements:

Provide statements from at least two adult professionals, who are not family members, who can verify the family circumstances you described in your petition letter. **Professional Statements must be on letter head. Adult professionals include: teachers/professors, guidance counselors, educational professionals, clergy members, lawyers, doctors, health professionals, therapists, psychologists, psychiatrists, social services professionals, and law enforcement officers.**

4. Income Documentation:

A copy of your 2014 IRS Tax Return Transcript and W2 forms, and/or proof of your non-taxable income for 2014, i.e. public assistance, social security benefits, cash support from family and friends.

5. Verification Worksheet for 2015 – 16, filled out as an Independent Student.

A request for Dependency Appeal must be submitted by the semester deadline date:

Deadline date for submission for SUMMER, FALL 2015: November 16, 2015

Deadline date for submission for SPRING 2015: April 18, 2016

2015 – 2016 DEPENDENCY APPEAL FORM

Student's Name: _____ SSN: _____

B.

Current Income and Expenses

Current Income:

Income	Source	Total Amount for 2014
Wages		
Savings/Investments		
Untaxed Benefits		
Cash Support from other people		
Other		

Current Expenses:

Expense	Total Amount for 2014	Who Paid/Provided It
Housing		
Utilities		
Food		
Clothing		
Transportation		
Medical		
Personal		

C.

Student's Certification

I hereby certify that all information contained in this appeal for consideration for independent status, including my personal statement and other documentation, is complete and correct to the best of my knowledge. I certify that I have not knowingly or intentionally given false statements or fraudulent documentation. I understand if I am found to have knowingly or intentionally given false statements or fraudulent documentation, my appeal will be denied and my eligibility for Federal Student Aid will be jeopardized.

Student's Signature: _____ Date: _____

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Professional judgment completed by _____ Date: _____

Student initially selected for verification: ☐ YES ☐ NO. Verification trans # (if initially selected) ____ PJ trans # ____

Verification selection flag (if initially selected) ____ Final Payable transaction # ____ CPS date: ____ EFC: ____

2015 – 2016 DEPENDENCY APPEAL FORM

Student's Name: _____ SSN: _____

Dependency Override Sample:

Full Name:

CUNY EMPLID ID:

Date:

Attention: Financial Aid Office

Dear Committee Members,

1. **The first sentences should clearly outline what you are requesting**, including all pertinent information regarding the separation of you and your parents, this must include dates.
 - a. For Example: I am requesting a petition for a Dependency Override due to....
2. **The body of the letter should include** the reasoning behind the separation and how living expenses are met in your household. If you are living with someone who is providing you with financial assistance please include this here
 - a. For Example: I am currently supporting myself through the support of...

Sincerely,

(Must Include Wet Signature)

Please limit you appeal letter to 1-3 pages.