Buffalo State University Banner ID: Student Phone: Name:_____ Student Date of Birth:____ Current Mailing Address:____ 2024-2025 Independence Appeal Form **Petition for Dependency Override** Students not meeting the federal financial aid statutory definition for independent status may request a Dependency Override. To be considered Independent, the student must be able to document unusual or exceptional family circumstances. According to the Department of Education, the conditions listed below do not qualify as unusual circumstances meriting a Dependency Override: Parents refuse to contribute to the student's education; Parents are unwilling to provide information on the FAFSA or for verification; Parents do not claim the student as a Dependent for income tax purposes; Student demonstrates total self-sufficiency; Parents reside in a different state or country. **Required Documentation to Demonstrate Unusual Family Circumstances** Note: All information submitted is kept confidential. 1. Personal Statement: Attach a separate sheet that explains why you should be considered Independent from your parents for federal financial aid purposes. a. The circumstances you describe must be unusual or exceptional regarding your family situation. b. Your signed statement must explain the situation in detail and provide information about both parents. c. You must describe the last time you had contact with each of your parents – when, where, and the nature of the contact. 2. Third-Party Documentation: You must submit two letters from disinterested third parties that corroborate your statement. a. Documentation must be from individuals or agencies that will provide unbiased, first-hand knowledge of your unique situation and include information about **both** parents. b. Third-party documentation must be dated, be on official letterhead, and have a wet signature (typed name only is unacceptable) and must include contact information for the person providing the letter. c. Acceptable third parties include counselors or teachers, clergy, community groups, government agencies, medical personnel, medical records, court verdicts, police reports, or prison administrators. 3. Copy of your birth certificate Copy of your health insurance card **5.** Copy of death certificate(s) (if parent deceased)

Final Submission Checklist: Your appeal will be denied if you do not provide all the following items:

Documentation Required for First-Time Appeals *

☐ Personal statement (both parents must be addressed) *	☐ Copy of birth certificate and health insurance card *
☐ Updated personal statement (RENEWALS ONLY)	☐ Copy parent's death certificate (if applicable) *
☐ Your Federal tax return, or tax transcript, W-2's etc. *	☐ Parent's Federal tax return or tax transcript (see page 2) *
Get transcript: https://www.irs.gov/individuals/get-transcript	

Banne	r ID				
depend	dency stat	tus questions as they	apply to you. Assu		n for Federal Student Aid (FAFSA). Answer the "then indicate that you are unable to provide ental information.
If the	committe	e approves your app	eal, we will submit		nit this form and the supporting documentation. processor. If your appeal is denied, you will be information.
				atus will carry forward in subs updated personal statement	equent years unless you notify the Financial Aid
return	or tax tra		ipt: https://www.irs	s.gov/individuals/get-transcrip	for 2022 and 2023. Attach copies of Federal tax <i>t)</i> for 2022 and 2023, statements from social
	Year	Amount Earned	Source of Income		Untaxed / Gift Income
Ī	2022				
Ī	2023				
		ncy Information: Provinship to yourself and		person(s) with whom you resi	ded in each year indicated. You must include the
	Year	Person(s) with Whom You Lived		Relationship to You	Address (Street, City, State, Zip)
	2022				
	2023				
	2024				
transo	cript) for 2 or will you	•	are unable to obtain s a dependent in 20	these copies, please explain i 22?	_
Trans	fer Stude	nts Approved for Ind	ependence at a Prio	or School (if applicable):	
•	appro	-	ill be given on a cas		s school indicating your dependency override if documentation being presented is sufficient
misre Inspe	porting in ctor Gene	formation to fraudul eral (OIG). I understar	ently obtain federal nd that if I do not pr	funds will be reported to Bu	y knowledge. I understand that intentionally ffalo State's legal counsel and/or the Office of appeal will be denied. I understand that I may inal.
	-	_	-		gnature below also certifies that the conditions t you have read this statement.
Stude	ent Signat	ure			Date