

# Buffalo State University

Banner ID: \_\_\_\_\_ Student Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Student Date of Birth: \_\_\_\_\_  
Current Mailing Address: \_\_\_\_\_

## 2026-2027 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**
4. **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 \*

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

Banner ID \_\_\_\_\_

**Instructions:** Go to [www.studentaid.gov](http://www.studentaid.gov) to complete the 2026-2027 Free Application for Federal Student Aid (FAFSA). Answer the dependency status questions as they apply to you. Assuming all the answers are “No” then indicate that you are unable to provide parental information, taking time to carefully read the conditions for not reporting parental information.

Once our office receives your provisionally approved FAFSA, you will be required to submit this form and the supporting documentation. If the committee approves your appeal, we will submit the override to the Federal processor. If your appeal is denied, you will be instructed to go back to your FAFSA online to complete the questions regarding parental information.

**Renewal of Status:** If approved for Independence, your status will carry forward in subsequent years unless you notify the Financial Aid Office that your situation has changed. (please provide an updated personal statement).

**Student Income Information:** Indicate the amount and source(s) of your annual income for 2024 and 2025. Attach copies of Federal tax return or tax transcripts (Get Transcript: <https://www.irs.gov/individuals/get-transcript>) for 2024 and 2025, statements from social services, W-2 forms, etc. Include both taxable and non-taxable income.

Year	Amount Earned	Source of Income	Untaxed / Gift Income
2024			
2025			

**Student Residency Information:** Provide the name of the person(s) with whom you resided in each year indicated. You must include the person’s relationship to yourself and address.

Year	Person(s) with Whom You Lived	Relationship to You	Address (Street, City, State, Zip)
2024			
2025			
2026			

**Parental Information:** Attach copies of Federal tax return or tax transcripts (Get Transcript: <https://www.irs.gov/individuals/get-transcript>) for 2024 and 2025. If you are unable to obtain these copies, please explain in writing.

Did or will your parents claim you as a dependent in 2024? ☐ Yes ☐ No

Did or will your parents claim you as a dependent in 2025? ☐ Yes ☐ No

**Transfer Students Approved for Independence at a Prior School (if applicable):**

- Please provide the documentation that you were given from your previous school indicating your dependency override approval. Consideration will be given on a case-by-case basis to determine if documentation being presented is sufficient to prove an automatic dependency override.

**Affirmation:** All the information provided is true and accurate to the best of my knowledge. I understand that intentionally misreporting information to fraudulently obtain federal funds will be reported to Buffalo State’s legal counsel and/or the Office of Inspector General (OIG). I understand that if I do not provide the proof required, my appeal will be denied. I understand that I may submit only one appeal per academic year, and that the decision of the committee is final.

\*\*\* If you are submitting or have already submitted legal custody paperwork, your signature below also certifies that the conditions of that appointment have not and will not change. \_\_\_\_\_ initial here to certify that you have read this statement.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_