

2009 - 2010 Request for Dependency Override

A financial aid administrator will approve a Dependency Override for a student by making a documented determination of independence by reason of other unusual circumstances. Unusual circumstances can be defined as uncommon, unexpected and distinctive. The financial aid administrator must make this determination on a case-by-case basis and must have supporting documentation for the decision.

Generally, students must have applied and been accepted to the University at Buffalo prior to being granted a dependency override. Receipt of this request does not guarantee a change in dependency status. The deadline to submit a request is March 1, 2010. Any requests received after this date will not be considered.

1. General Information

Name: _____ Person Number: _____
 Address: _____ Phone: (____) _____
 _____ UB E-mail: _____

2. Supporting Documentation

According to Federal regulations, only certain conditions (an abusive family environment or abandonment by parents) qualify as unusual circumstances meriting a dependency override.

Please submit this form with the following documentation:

- a) **A letter from two disinterested third parties explaining the details of the student's situation. A disinterested third party is a person who will not benefit from the student being granted independent status, and who knows the nature of the case. Examples of such a person might be a priest, minister, rabbi, social worker, teacher or case manager.**
- b) **A signed statement from the student describing the circumstances in detail, along with supporting documentation to corroborate your case.**
- c) **Submit a signed copy of the student's 2008 Federal Income Tax Return. If a federal tax return was not filed, submit a written statement to this effect.**

3. Certification Statement: (Please answer each question)

- a) I am currently living with my parent(s) or adoptive parent(s). Yes ____ No ____
- b) I am currently living with my grandparents/relative/guardian. Yes ____ No ____
- c) I will be claimed as a dependent on another person's 2008 Federal income tax return. Yes ____ No ____

Affirmation: All the information provided is true and accurate to the best of my knowledge. I understand that if I do not provide the proof required, my request will be denied. I also understand that I may submit only one request per academic year, and that the decision is final.

Student Signature: _____ **Date:** _____

**This request applies only to the federal financial aid programs.
 A separate request must be made to the New York State Higher Education Services Corporation (NYSHESC) for TAP consideration and additional documentation may be required.**

****NOTE: The burden of proving your eligibility for independent status rests on you. Please make sure that your request is complete before you submit it to our office.**

Complete all sections of this form, attach the appropriate supporting documentation, and submit to:

Student Academic Records & Financial Services
 232 Capen Hall
 Buffalo, New York 14260
 PHONE: (716) 645-2450 FAX: (716) 645-7760

For Office Use Only	
Approved: _____	Denied _____
Reviewed By: _____	
Date: _____	