

SUNY Sullivan Financial Aid Office

112 College Road
Loch Sheldrake, NY 12759
Fax# (845) 434-0014
finaid@sunysullivan.edu
www.sunysullivan.edu

REQUEST FOR INDEPENDENT STATUS FOR 2019-2020

To guarantee consideration of your request, you must submit the following:

- Completed FAFSA and standard verification forms
- Completed dependency override application (all sections)
- Supporting documentation

All documents must be received before the Pell priority deadline date. If documentation is not attached, your application will be marked incomplete. ***You must document your special circumstance.***

Section I. Student Information

Student Name (last name, first name, M.I.)

Student ID/SSN

Street Address

City

State

Zip

Email

Phone Number

Section II. Check the reason for your independent status request (Documentation required):

- Parents' inability to provide support due to physical/mental capacity
- Dissolution of student's relationship with parents under circumstances initiated by the parents which can be verified by reliable third parties ex: clergy, counselor, social worker, mental health professional, medical professional, attorney, other professional which verifies the information you indicate in your personal statement. See Instructions for Third Party Documentation (last page)
- Illegal activities of parents such as sale/use of drugs, prostitution, and/or gambling
- Other: _____

For financial aid purposes, federal regulations define an independent student as one who meets at least one of the following conditions:

1. 24 years of age or older
2. Married
3. Orphan or ward of the court
4. Graduate/professional student
5. Veteran of the US Armed Forces or on active duty in the US Armed Forces for purposes other than training.
6. Legal dependents other than a spouse who is living with them, and they provide more than half of the person's support
7. Emancipated
8. Unaccompanied, homeless youth

Federal regulations do permit SUNY Sullivan to override a student's dependency status IF unusual circumstances exist and can be documented. This determination is made on a case by case basis; however, the following conditions ARE NOT considered unusual circumstances and by law, your status cannot be changed:

1. Parent(s) refusing to provide information
2. Student does not wish to communicate with parents
3. Student who has been previously considered independent for the purpose of receiving financial aid, but does not meet the current definition as outlined on the FAFSA
4. Parents not claiming the student as a dependent for income tax purposes
5. Student demonstrating total self-sufficiency

These guidelines were written with the philosophy that people are dependent upon their parents, at least until age 24, unless death or severe family problems intervene. Therefore, if a student believes they have extenuating circumstances that warrant a review of their dependency status, they may complete this form and provide documentation to request a dependency override. The student's narrative and supporting documentation from others must be detailed providing specifics about the family situations or problems.

Section III. Financial Information

1. Did anyone claim you as a tax exemption in:
 - a. 2017 ___ No ___ Yes Who? _____
 - b. 2018 ___ No ___ Yes Who? _____

2. What is the most recent date you received support from or lived with your parents? _____

Monthly Expenses		Income	
Rent	\$	Net Monthly	\$
Phone	\$	Yearly	\$
Utilities	\$		
Transportation	\$		
Medical Insurance	\$		
Food	\$	Employer name & address:	
Personal	\$		
TOTAL	\$		

3. Documents Required:
 - A copy of the student's 2017 & 2018 federal tax transcripts
 - A copy of two (2) bills or statements that prove you are self-supporting (cannot include bills from an apartment, house or building owned or leased by your parents)
 - Detailed letter explaining the circumstances to claim independence
 - Description of the current living situation and method of support since separation from parents' home and provide appropriate documentation
 - Notarized letters (if not on official letterhead) from reliable third parties as previously described.
 - o Documentation can be copies of restraining orders, notices of court or police action, confirmation of long-term residential treatment or interaction with a mental health center, and/or abuse centers.

Section IV. Student Certification

- I certify that the information provided on this form is true and correct. I also understand that it will be used to override federal regulations regarding my dependency status.
- I fully understand that to falsify any information on this form in order to receive Federal Title IV funds is a federal offense and can be punishable by a \$20,000 fine, imprisonment, or both.
- I understand that if my situation changes in any way, if I move back with my parents or receive any kind of support from them, that I must report this information to the Financial Aid Office in writing.
- I understand that by signing this form, I authorize the SUNY Sullivan Financial Aid Office to contact my third-party reference and verify any information supplied on this form.

Student Signature: _____ Date: ____/____/____

Return this form and ALL documentation to:

SUNY Sullivan Financial Aid Office

112 College Road Loch Sheldrake, NY 12759

Fax# (845) 434-0014 finaid@sunysullivan.edu

IMPORTANT: Once we receive your completed documentation, please allow a minimum of ten (10) business days for verification/corrections to be processed and indicated on your mySUNYSullivan account. Do not mail this worksheet to the U.S. Department of Education. Make a copy of this worksheet for your records.

Instructions for Third Party Documentation

The information stated in the Request for Independent Student Status must be verified by a third party who is aware of your home situation and can verify the information you have provided.

Third party documentation must be on a SEPARATE sheet of letterhead paper and/or Notarized.

Must include any information of first-hand knowledge and that you feel best describes the student’s situation.

The following is a list of information that MUST be included in your letter:

1. How long have you known the student?
2. Your relationship to the student.
3. When was the last time the student lived with and/or received financial support from his/her parent(s)?
4. Any knowledge of his/her relationship with his/her parents.
5. The steps that the student has taken to establish his/her independence from his/her parent(s).
6. Include your professional title, name and type of business, business address, telephone number, and where to contact you should any additional information be required.

FOR OFFICE USE ONLY:

The Financial Aid Office has used Professional Judgment and determined that this student is:

INDEPENDENT

DEPENDENT

Remarks:
