



2026-2027 Dependency Appeal Request

Student Name: _____ SSN or CID#: _____

Student Address: _____

Phone#: (____) _____

-
- ☐ I am a returning or readmitted student and I have previously provided your office with the required documentation and my status remains the same, refer to the documentation that was submitted previously.

The Department of Education determines a student's status as dependent or independent by the answers the student provides on the questions listed in Step Three of the Free Application for Federal Student Aid (FAFSA). Since you do not meet the federal definition of an independent student, you must provide documentation that demonstrates unusual circumstances. Please complete this dependency appeal request and return it with supporting documentation.

The following **DO NOT** qualify as reasons for requesting a dependency change:

- Student demonstrates total self-sufficiency.
- Parents are unwilling to provide information on the application or for verification.
- You do not live with your parents.
- Your parents do not claim you on their federal or state tax forms.

The following reasons **may qualify** a student for a dependency override:

- Abandonment by parents.
- An abusive family environment that threatens the student's health or safety.
- Student is unable to locate his/her parents.

Documentation is critical to the dependency override process. The documentation must support, and include, the reason for the request and should in almost all cases originate from a third party with knowledge of your circumstances.

1. **Provide a detailed personal statement** explaining the situation(s) that exists in your family preventing you from obtaining your parent's financial information, such as parent physical or emotional abuse, estrangement, abandonment, incarceration, drug or alcohol abuse, mental incapacity, or other such situations beyond your control.

2. **Reason for requesting to be independent:** (*check ONE that describes your circumstances*)

- ☐ an abusive home situation which is detrimental to your physical or mental well-being
- ☐ abandonment by both parents
- ☐ history of parental alcohol or drug abuse
- ☐ incarceration of the custodial parent and inability to obtain other parent's information

- ☐ other extenuating circumstances

3. You must provide at **least one form of documentation** on official letterhead from a third party person to support your request. *Check the type(s) of documentation you are providing to support your request.*

Third party letter from:

- ☐ Social worker
☐ Psychologist
☐ High school counselor
☐ Teacher
☐ Doctor
☐ Other professional

4. You must provide at **least two additional forms of documentation** to document your circumstance. *Check the type(s) of documentation you are providing to support your request.*

- ☐ Police Report
☐ Court Reports
☐ Documentation from a social service agency
☐ Parent's death certificate
☐ Clergy
☐ Relative
☐ Other Report-Type: _____

Student Certification (Read carefully before you sign)

I hereby certify that all information contained in this appeal for independent status, including my personal statement and other documentation, is true and complete to the best of my knowledge. I swear or affirm that I have not knowingly or intentionally provided any false statements or fraudulent documentation. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documents, my appeal will be DENIED and my eligibility for Federal and State financial aid jeopardized.

Student Signature _____ **Date** _____

Do not submit this form without all the required documentation.

Please return this form and documentation to:

1 Academic Drive, Corning, NY 14830 • Attn: Financial Aid

Phone (607) 962-9875

OFFICE USE ONLY

Is there a prior year dependency appeal processed: Yes _____ No _____

- ☐ Dependency appeal has been approved
☐ Student is not eligible for a dependency appeal

Reason for ineligibility: _____

Financial Aid Representative

Date