

Student Name: _____

Banner ID#: 800 _____

Email: _____

Telephone: (____) _____

2024/25 – I10



**SUNY
BROCKPORT**

2024/25 Federal Dependency Status

You are considered an INDEPENDENT STUDENT for Financial Aid purposes if you meet one of the following conditions at the time you complete and sign the 2024/25 Free Application for Federal Student Aid (FAFSA):

2024/25 FEDERAL DEPENDENCY STATUS

An independent student is an individual who meets one of the following criteria:

1. An individual born before January 1, 2001.
2. An individual who is married at the time of application for federal student aid.
3. A graduate or professional student.
4. An individual who is currently serving on active duty in the Armed Forces for purposes other than training.
5. A veteran of the Armed Forces of the United States.
6. An individual with legal dependents (providing more than half of the required support) other than a spouse. This includes children born during the award year.
7. An individual at the age of 13 or older, whose parents were both deceased, who was in foster care, or was an orphan or ward of the court.
8. An emancipated minor as determined by a court in his or her state of legal residence. Please note – New York State does NOT recognize emancipation as a form of independence for financial aid purposes.
9. An individual in legal guardianship as determined by a court in his or her state of legal residence.
10. An individual whose high school or school district liaison determined on or after July 1, 2023 that he or she was a homeless unaccompanied youth.
11. An individual who was determined a homeless unaccompanied youth, or self-supporting youth at risk of being homeless, on or after July 1, 2023 by the director of a runaway or homeless youth center or transitional living program.

Note: If you meet one of the above conditions, you do not need to complete this form.

Many students feel they are independent because they currently live on their own, or because their parents refuse to provide information on the FAFSA, or because their parents cannot afford to help with college expenses. However, these reasons are not sufficient for an appeal. The Financial Aid Office is required to consider parent information and expect a parental contribution for students who are not independent according to the above FAFSA definition, unless an independence override is done.

Independence may be granted where there is an involuntary separation from the family or if other extraordinary circumstances exist. An involuntary dissolution occurs when a student is separated from the family for reasons other than the students' or parents' own choice. Documentation is required and must be attached to this request.

Provide a written personal statement below, which completely and explicitly explains the basis of your appeal. Please note that your statement will be used only to determine if a dependency exception should be made. This information will be held in strictest confidence.

Date of Separation: Mother _____

Father _____

Please explain your current relationship with **both** your biological and/or adoptive parent even if they are currently divorced or separated:

(Use additional sheet if necessary)

FAFSA is: _____ Attached to this form **or** _____ was already filed with the federal processor.

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 documentation, my appeal will be denied and my eligibility for Federal and State student aid jeopardized.

Student Signature: _____ Date: _____

Attach at least one acceptable source of third party documentation which verifies all the facts of your appeal. Acceptable sources of documentation may be from one or more of the following:

Signed statements from an adult professional who is not a family member, which verify the family circumstances described in your personal statement. Adult professionals include clergy members, attorneys, school guidance counselors, medical doctors, mental health professionals, teachers or professors, law enforcement officers, professional staff of Children and Family Services (Public Assistance Department) and officers of the court. **Letters must be signed originals on agency letterhead with the professional's title explaining that they feel it is in the student's best interest not to be in the home environment and why.**

****Please note:** If a letter from a professional is not possible, please explain why and obtain three letters from persons that know your family situation first-hand. Please have them state their relationship to you in their letter. Additional documentation may be required.

Office Use Only: Approved: _____ Denied: _____ Date: ____/____/____ Aid Year: _____

FAA: _____

Comments: _____
