



ST. FRANCIS COLLEGE

BROOKLYN HEIGHTS, NEW YORK

Student Financial Services

180 Remsen Street, Brooklyn, NY 11201

Phone 718-489-5255

Fax 718-643-0076 Email: sfs@sfc.edu

2017-2018 Dependency Override Request & Instructions

A. Student's Information

_____ Student's Last Name	_____ First Name	_____ M.I.	_____ Student's Identification (ID) Number
_____ Student's Street Address (include apt. no.)			_____ Student's Date of Birth
_____ City State Zip Code			_____ Student's Email Address
_____ Student's Home Phone Number (include area code)			_____ Student's Alternate or Cell Phone Number

Unusual circumstances may exist that justify a review of a student's dependency status. Students with extreme or unusual circumstances may request a review of their situation to be considered for independent status. Decisions are final and cannot be appealed to the US Department of Education. A new dependency request must be submitted each academic year, including a new personal statement and letters of reference.

Circumstances that do NOT qualify a student for dependency change:

- Parent's refusal to provide personal and/or financial information
- Parent's inability to financially assist with educational expenses
- Student's voluntary decision to leave the home and support him or herself
- Student lives with parent/relative and pays rent

Instances that could allow for a dependency change:

- Inability of parent(s) such as incarceration, mental or physical illness or the inability of the applicant to locate the parent (abandonment)
- Death of parent(s)
- Involuntary or voluntary removal of student from parent's home due to an extreme situation that threatened the student's health and/or safety (i.e. drug or alcohol abuse, mental or physical abuse, etc.)

B. Write a statement of circumstances.

Attach a detailed statement of your unique family circumstances that outlines why you should not be required to submit your parents' financial information. Include a complete history of:

- Your relationship with both biological and/or both legally adoptive parents;
- Specific dates of events;
- Where you have lived and are currently living;
- Your sources of income;
- How you have supported yourself while living apart from your parents; and
- Identify individuals who have first-hand knowledge of the situation.

C. Instructions:

Complete and submit all items on checklist to the Office of Student Financial Services.

- Complete the 2017-2018 FAFSA online at www.fafsa.gov.
- Complete the 2017-2018 Standard Verification Worksheet – INDEPENDENT (attached).
- Submit a copy of student's 2015 & 2016 IRS Tax Return Transcript
- Submit a copy of ALL student's 2015 & 2016 W-2s.
- Provide any supporting documents (i.e.: death certificates, incarceration papers, court documents, CPS documents, etc...) to support your personal letter.
- Provide two letters of reference:
 - Reference Letter Instructions: All letters must include individual's name, title or position, address, phone number, and must be signed. The letter must be one to two pages and must provide as much detailed information as possible describing your separation from your parents. The individual writing the letter cannot be related to the student and must reside at separate addressed.
 1. **Letter 1:** MUST be from a professional individual not related to the student such as a counselor, social worker, teacher, clergy person, physician, police, etc. Letter MUST be on letterhead and submit the original copy.
 2. **Letter 2:** May be either a professional or non-professional individual who is familiar with your situation. Letter MUST be notarized and follow instructions listed above.

D. Statement of Understanding

- I certify that the supporting documentation submitted is true and accurate and represents my situation as described in the letter submitted to the Dependency Override Request Committee. Failure to submit the required documentation will result in an automatic denial of my request.
- I authorize the Dependency Override Request Committee to contact any third parties whom I have requested to document my situation.

- I understand that the Dependency Override Request Committee may require additional documentation in order to clarify my situation.
- I understand that I may be required to meet with the Dependency Override Request Committee for a personal interview in order to clarify my situation.
- I understand that the decision of the Dependency Override Request Committee is final.

E. Student Signature

Person signing this worksheet certifies that all of the information reported on it is complete and correct.

Student Signature **Date**

For Office Use Only	
Approved: _____	
Denied: _____	
Reason for denial: _____	

Associate Director of Financial Aid Signature	Date