



**2022-2023 Appeal for Financial Aid as an Independent Student**

(Please read this form carefully. Filing this form does not guarantee that your appeal will be approved.)

Last Name	First Name	M. I.
Street	City	State      Zip
Phone	C# _____	

Students that do not meet the legal requirements for independent status on the Free Application for Federal Student Aid (FAFSA) may request a Dependency Override. In order to be considered independent, you must be able to document **unusual or exceptional family circumstances. Please note that living in your own apartment, paying rent, claiming yourself on your federal tax return or having parents refuse to complete the FAFSA or parents refuse to contribute to your education does not constitute unusual circumstances.**

**Circumstances to which consideration is given are as follows:**

- Abandonment by both parents
- Parent (s) are deceased, totally and permanently disabled, incarcerated, or have been declared incompetent by judicial action.
- Death of a parent after filing the FAFSA and the surviving parent meets one of the unusual circumstances listed.
- 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.)
- Other extenuating circumstance not described above.

Please complete the following form, attach the required documentation, provide all required signatures and submit the form to the Student Financial Services Office. Additional information may be requested at any time.

**Step 1:**

**Provide a written 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 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.

**\*PLEASE COMPLETE STEP TWO ON THE REVERSE PAGE**

**Step 2:**

**Provide two letters of reference:**

**Reference Letter Instructions:** All letters must include individual's name, title or position, address, phone number, date and must be signed. The letter must provide as much detailed information as possible describing your separation from your parent(s).

- **The first letter needs** to come from a professional who is familiar with the situation you explained above. They must have firsthand knowledge of the facts you described. This may include counselors, clergy, social workers, teachers, coaches, medical professionals, etc. The correspondence must be on letterhead and include contact information. The individual writing the letter cannot be related to the student and must reside at a separate address.
- **A second letter** from a family member who does not reside with you. If there is absolutely no other family member aware of your situation, then you must submit a letter from someone who has comprehensive knowledge regarding your extenuating circumstance. The correspondence must include the individual's relationship to you and their contact information.

Depending on the circumstances the following could be considered professional documentation (court paperwork, police reports, restraining orders, death certificates, etc.) and may be used as supporting documentation. Please make sure all parties mentioned in the documentation are identified (aunt, grandmother, etc.).

If you are not able to provide the necessary documentation you can request a personal interview with a counselor in the Student Financial Services Office.

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

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**Student Signature**

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**Date**

Please return this form to the Student Financial Services Office at Cayuga Community College  
197 Franklin St., Auburn, NY 13021-3099.

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Results of Appeal \_\_\_\_\_

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SFS Signature \_\_\_\_\_

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Date \_\_\_\_\_