



Student Financial Services  
1 South Boulevard, Nyack, NY 10960  
1-800-799-6248 \* 845-358-7016 (fax)  
[www.nyack.edu/sfs/rockland](http://www.nyack.edu/sfs/rockland)

## 2009-2010 Dependency Override

Federal Financial Aid regulations state that the Institution's decision to override a student's dependency status must be made on a case-by-case basis, justified by an individual student's unusual circumstances, and must be documented in the student's file.

- **The parent's unwillingness (vs. inability) to assist the student *is not, in and of itself, grounds for a dependency override.*** There must have been an involuntary dissolution of your family resulting in relinquishment of your parents' responsibility and control.
- If the student does not meet the federal definition of being independent as described in the FAFSA, the student may request that the office of Student Financial Services make a waiver of the dependency status on the basis of documented extenuating circumstances.
- Students appealing for independent status will be expected to provide **ALL** required documentation. Additional documentation supporting your independence may be submitted by the student and/or requested by the office of Student Financial Services.
- The office of Student Financial Services at Nyack College will **NOT** automatically accept a request for independent status granted by another institution.
- You must complete this form and attach **ALL** applicable documentation to be considered for independent status at Nyack College.
- Renewal of the dependency override is **NOT** automatic. If this request for independent status is approved, it is granted **ONLY** for the 2009-2010 academic year

To complete an appeal, **answer all the questions, attach the requested documents, and sign and date this form** on the back. Submit this form to the office of Student financial Services and allow **at least 2 weeks** for processing time. You will be notified of the results by mail, e-mail or phone.

Student Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail (one you check daily): \_\_\_\_\_

### REQUIRED DOCUMENTS, QUESTIONS AND ITEMS:

#### 1. Letter explaining the circumstances

- Explain how long you have been living on your own.
- Include information on how your living expenses are funded.
- Identify the location of both of your parents/legal guardians and describe how often you have contact with each of your parents/legal guardians.

#### 2. Letter from an adult professional who is not a family member

- He/she must be able to verify the special circumstances described in your letter
- Adult professionals may include school counselors, clergy members, attorneys, officers of the court, medical doctors, social workers, employers, mental health professionals, teachers or professors.

PLEASE COMPLETE THE OTHER SIDE



**3. Provide lease agreement(s) for place of residence since January 1, 2008**

- Complete the chart below:

-Indicate where you have been living **since January 1, 2008:**

a. Residence hall   b. Off campus apartment   c. Self-owned home   d. Parent/relative home   e. Other (explain)

Type of Residence (a-e)	Address of Residence street address/city/state	Length of Time at Residence		Number in Household	Monthly Rent or Room/Board per term
		From	To		

- To be considered independent, you must have been living at a residence that is NOT owned or rented to you by your parent(s) or step-parent(s).
- If you do not have a lease, you may provide documentation, proving payment of rent for this time period. Acceptable documentation may include copies of canceled checks written by you to the owner of the residence or receipts from the owner.

**4. Provide a signed copy of your 2008 Federal Tax return**

- To be considered independent you must show that you have claimed yourself.
- Provide amount and source of other income not reported on your tax return.

**5. If you own or lease a car, provide the following information**

- Insurance Provider (attach copy of policy) \_\_\_\_\_
- Monthly Car Payment \_\_\_\_\_
- If anyone else is making your car payments or insurance payments, provide his/her name and relationship to you:  
\_\_\_\_\_

**6. Do you have Health Insurance? \_\_\_\_\_**

- If 'yes', whose name is on the policy? \_\_\_\_\_
- Attach copy of Policy

---

**I certify that all the information reported on this request for independent status is true and complete to the best of my knowledge. I did not receive any type of financial support from my parents. I also give authorization to Nyack College to make any necessary changes to my Student Aid Report.**

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

---

**\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\***

Appeal Decision: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

FAO Signature: \_\_\_\_\_