The City College of New York
Financial Aid Office

2020-2021
Independence Appeal Form

Student's Name: _____, _____ _____ **EMPLID:** _____
Last First M.I.

Under certain conditions the Financial Aid Office is authorized to "override" a student's dependency status. To qualify for this appeal the reason for separation from your parents must be due to an unusual, unsafe and/or detrimental family situation.

The following conditions listed below DO NOT qualify as unusual circumstances.

- Parents refuse to contribute to the student's education.
- Parents are unwilling to provide information on the Free Application for Federal Student Aid or for verification.
- Parents do not claim the student as a dependent for income tax purposes.
- Student demonstrates total self-sufficiency.

☐ **New request - Check here if this is your first request at CCNY.**

☐ **Renewal - Check here if you have previously been granted an appeal for independence and wish to renew your appeal for the 2020-21 academic year. Explain why parental information still cannot be obtained.**

How to apply: Student must sign and submit this form, along with the following documentation:

☐ **Personal Letter** A typed personal letter stating your special circumstances. Be sure to include the following: what caused the separation from both parents, the date(s) these circumstances arose and amount of contact with, both mother and father, and how you have provided for your own basic necessities.

☐ **Third Party Letters (2)** At least two official letters from third parties who have detailed knowledge of your situation and who can verify your circumstances. At least one letter must be on official letterhead from a community member (i.e., Social Services, police report(s), high school guidance counselor, and/or medical documents, clergies, etc.) Court documents and death certificates are also acceptable as an official third party. All additional third party letters must be notarized.

Please note that all statements must be signed, dated, and include the name and address of the person making the statement(s).

The Process:
Submit this form with supporting documents to the Financial Aid Office. Documents will be pre-screened to verify submission of all required supporting documentation. You will then be issued a receipt and your request will then be forwarded to the Independence Appeal Committee. The committee may contact you for additional information or to clarify information submitted with your request. Once a decision is reached, you will be notified.

Deadlines:
Fall only enrollment **October 15, 2020.** Fall and Spring or Spring only enrollment **March 15, 2021**.

Note: Submitting this form does NOT guarantee approval of your request.

The City College of New York
Financial Aid Office

Supplemental Information:

What is your parent(s) current address?

Father Address: _____ ☐ Unknown

Mother Address: _____ ☐ Unknown

Student Certification:

I hereby certify that all information contained in this appeal for a dependency override, including the personal statement and other related documentation, is true and complete to the best of my knowledge. I understand that if I am found to have knowingly or intentionally given false statements or fraudulent documentation, my appeal will be denied and my eligibility for federal student aid will be jeopardized.

Student's Signature: _____ Date: _____

FORMS WITH DIGITAL/ ELECTRONIC/ TYPED SIGNATURES WILL NOT BE PROCESSED

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

FOR OFFICE USE ONLY

☐ New Request ☐ Renewal (Doc. On file) EFC: _____ Transaction #: _____

Decision: ☐ **Approved** ☐ **Denied**

FAA. Signature: _____ 2nd reviewer FAA. Signature: _____
Date: _____ Date: _____

Notes: _____