

Independence Appeal Form

Student Name (Print): Last Name _____ First Name _____ M.I. _____

EMPLID #: _____

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.

Before you submit your request, please note the following:

None of the conditions listed below qualify as unusual circumstances meriting a dependency override:

- Parents refuse to contribute to the student's education.
- Parents are unwilling to provide information on the FAFSA 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 2021-22 academic year. Explain why parental information still cannot be obtained even if you have stated this before.

How to apply:

To apply, you 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 you to become independent 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 should be on official letterhead from a community member (i.e., Social Services, police report(s), high school guidance counselor, and/or medical documents, etc.) Court documents and death certificates are also acceptable as an official third party. All additional third party letters need to be notarized by a notary public.

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

If your Independence appeal is approved, you must re-affirm that your special circumstances have not changed every academic year.

The Process:

Submit this form with supporting documents to the Financial Aid Office. Documents will be pre-screened to determine eligibility and to verify submission of all required supporting documentation. You will then be issued a receipt and your request will then be forwarded to the committee for Independence Appeals. Processing time will be approximately **3-4 weeks**, during non-registration periods, and approximately **6-8 weeks** during registration periods. 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 via mail or email.

Deadlines: Fall only enrollment **October 15, 2021** Fall/Spring enrollment **March 15, 2022**

Note: Additionally, please note that submitting this form does not guarantee approval of your request.

Supplemental Information:

1. What is your parents' current address if known?

Father: _____

Unknown

Mother: _____

Unknown

2. When did you stop living with your parent(s)? _____ (Month/Year)

STUDENT CERTIFICATION:

I hereby certify that all information contained in this appeal for an Independence 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 Signature: _____ **Date:** _____

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

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

Note: All information herein is considered confidential.

For Office Use Only

- New Request
- Renewal (Document on file)

Decision:

- Approved
- Denied

EFC: _____ Trans#: _____

Counselor's Initials: _____ Date: _____

Note: _____
