

## ***Request for Dependency Override***

**PLEASE READ CAREFULLY THE FOLLOWING INFORMATION BEFORE COMPLETING REVERSE SIDE...**

Financial aid regulations maintain that the family (student and parent/s) must assume the primary responsibility for meeting the student's educational costs for the purpose of attending college. Therefore, your parent/s' information is required in order to determine your eligibility for federal financial assistance, regardless of their willingness to assist you financially.

**Living on your own and/or paying your own expenses will not in itself satisfy the criteria for a dependency override, regardless of your age.**

Only in **EXTREMELY UNUSUAL documented** situations can these requirements be waived, such as in cases of parental abuse, estrangement, abandonment, drug/alcohol abuse, mental incapacity, or another such situation beyond your control. In cases such as these, the likelihood that the student would return to the parent/s household and/or rely upon the parents for financial support would be very low.

**If your situation does not meet this criteria and you cannot provide the necessary documentation (see item III on reverse), you should not proceed with this appeal form.**

For additional information, you may contact the Office of Financial Aid.  
Return completed forms and other documents to:

**St. Joseph's College Attn: Office of Financial Aid**

**Long Island Campus  
155 West Roe Boulevard  
Patchogue, NY 11772  
FAX: 631-650-2525**

**Brooklyn Campus  
245 Clinton Avenue  
Brooklyn, NY 11205  
FAX: 718-940-5312**

## ***Request for Dependency Override***

**Instructions:** Complete this form and provide all requested documentation. You will receive a response to your request within approximately two weeks of the date of receipt.

**NOTE:** We cannot review your request if the necessary documentation is not attached.

I. Name \_\_\_\_\_ SS#/Student ID: \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone Number \_\_\_\_\_

**II. Attach a detailed, signed personal statement which includes the following information:**

- The specific reason(s) you cannot obtain your parental income information and signature/s in completing the 2022-23 FAFSA.
- The event(s) leading up to your separation from your parent/s, including the date of separation. Describe the current status of your relationship with your parent/s including your last date of contact. You must include information about both parents, even if they were not married at the date of your separation.
- An explanation of your current living arrangements and means of financial support from the date of separation up to the present time.
- If supported by another individual(s) since the date of separation from your parent/s, identify the individual(s), describe the nature of that support and state the period of time supported.

**III. Documentation**

- Statements from at least two adult sources, both of whom are intimately familiar with your family situation. At least one statement must be from a professional (i.e. guidance counselor, attorney, doctor, clergy member, mental health professional, law enforcement official, etc).
- Proof of income for 2020 (i.e. federal tax return transcripts, W-2 statements, untaxed income/benefits—unless solely supported by another individual).

**IV. Certification:** I certify that all information I have provided is true and accurate. I understand that providing false or deliberately misleading statements is a violation of federal law and may result in a prison sentence, fines, or both.

Signature \_\_\_\_\_ Date \_\_\_\_\_