

## Financial Aid • One Hop Shop

34 Cornell Drive • Canton, NY 13617 • Tel: (315) 386-7616 • Fax: (315) 386-7930 • [finaid@canton.edu](mailto:finaid@canton.edu)

2023 – 2024

### REQUEST FOR INDEPENDENCE CONSIDERATION FOR FEDERAL STUDENT AID

Read through the following information carefully. A dependent student can make a request to be considered independent for federal aid purposes, however approval is not guaranteed. Use the information below to assist you in understanding the request process, who may qualify, and the documentation you are required to provide. We understand that often students who seek an override find it difficult to discuss their personal circumstances. However, in order to approve your request we must fully document your situation. Feel free to contact us if you wish to discuss your case. **All information provided will be kept confidential.**

Federal regulations allow for the use of professional judgment to grant an override of the dependency status on a case-by-case basis for **students with extenuating circumstances beyond their control**, who do not automatically qualify as an independent student for financial aid purposes. It is important to note that dependency status for federal financial aid is different than for federal income tax and state financial aid purposes. Qualifying for one does not automatically qualify you for another because they have different criteria.

Federal guidelines clearly state that the following situations **do not qualify** as extenuating circumstances and therefore would not result in approval of a dependency override.

- ❖ Parents refusing to financially contribute to your education.
- ❖ Parents unwilling to provide information on the application or for income verification purposes.
- ❖ Parents not claiming you as a dependent for income tax purposes.
- ❖ A student demonstrating total self-sufficiency.

The following examples are only a guide of situations that could merit a dependency override. They are not the only situations that will be considered, just examples of what has been considered in prior applications.

- ✓ No contact with parents due to circumstances beyond your control.
- ✓ Physically or sexually abusive family environment.
- ✓ Abandonment by parents.
- ✓ Parental drug and/or alcohol addiction.
- ✓ Situation where it is not in your best interest to have any contact with parents.
- ✓ Other documented unusual circumstances.

The documentation you submit **must** support an extenuating or unusual circumstance. If you document your circumstances, then it will be reviewed. As part of your request you must provide the following information.

1. Submit a 2023-2024 FAFSA application at [studentaid.gov](http://studentaid.gov).
2. Complete and submit the attached Request for Independence Consideration form.
3. Provide a signed written statement of your personal circumstances.
4. Provide a signed written statement from at least two reliable third parties with knowledge of your situation.
5. Submit any additional documentation that will help your case (i.e. police reports, court papers, etc.).

Upon review of your application further information may be requested to clarify or support your case. All requests and decisions will be sent to your SUNY Canton email.

**Got Questions?** Contact the One Hop Shop at (315) 386-7616

INQUES

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Student Name: \_\_\_\_\_ ID: \_\_\_\_\_

## 2023 – 2024 **NEW REQUEST** FOR INDEPENDENCE CONSIDERATION FEDERAL STUDENT AID

This form is for students who have never received an approved request.

INSTRUCTIONS: This form is for those students who do not meet the federal independence criteria and feel they have special circumstances that should be taken into consideration. *The definition of an Independent student is different for state aid, therefore appeals to the state must be done separately through HESC in Albany in a separate request.*

**IMPORTANT: All information submitted in support of this application will be kept confidential.**

1. Complete the 2023-24 FAFSA at [studentaid.gov](http://studentaid.gov). You may leave the parent section blank until your dependency status has been determined.

2. Complete this section and be sure to provide all required documentation as stated below.

Indicate the month and year that you last lived with either parent. \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Explanation of Extenuating Circumstances:

- A. Write a letter detailing the reason(s) that you left your parental household and the extent of contact you have with both parents at this time. Be sure to indicate where and with whom you are currently residing and how you are financially being supported. This letter must be signed. Provide as much detail as possible to support your case including dates and locations of any events. We need to fully understand your situation including your housing and financial support situation since you left your parental household.
- B. Submit letters from at least 2 reliable third parties who can back up your request. The parties writing on your behalf must have first-hand knowledge of your situation and be able to describe it fully to back up information in your own letter. *Reliable third parties include adults who are familiar with your situation such as a counselor, clergy, teacher, attorney, school counselor, or adult relative other than your parents.*

Indicate who you will be submitting letters in support of your request (name & relationship to you):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- c. Submit any other documentation that you would like to support your request. *(Examples include, police reports, court papers, etc.)*

Indicate what other documentation, if any, you will submit to support your case:

\_\_\_\_\_  
\_\_\_\_\_

3. Sign the certification statement below.

I certify that the information provided is true and accurate to the best of my knowledge. I am aware that the information above constitutes an application for funds from the federal government and that any material omissions, or false and misleading information, may result in penalties under federal law. If changes occur, I will notify the One Hop Shop in writing. **Return this form to the One Hop Shop with all required documentation.**

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

\_\_\_\_\_  
Date

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Student Name: \_\_\_\_\_ ID: \_\_\_\_\_

### RENEWAL REQUEST 2023 – 2024 REQUEST FOR INDEPENDENCE CONSIDERATION FEDERAL STUDENT AID

This form is for students who have received an approved request in a prior academic year & wish to renew that request.

**INSTRUCTIONS:** This form is for those students who do not meet the federal independence criteria and feel they have special circumstances that should be taken into consideration. *The definition of an Independent student is different for state aid, therefore appeals to the state must be done separately through HESC in Albany in a separate request.*

**IMPORTANT:** All information submitted in support of this application will be kept confidential.

- 1) Complete the 2023-24 FAFSA at [studentaid.gov](http://studentaid.gov). You may leave the parent section blank until your dependency status has been determined.
- 2) Complete this section (unless situation has changed). **Check all that apply:**
  - Check here if you were granted Independent status for the 2022-2023 academic year at SUNY Canton. (If you were previously considered independent due to homeless status you may need to complete the NEW REQUEST form instead of this form. Contact the One Hop Shop with any questions.)
  - Check here if your situation has not changed and you are again requesting consideration for independent status for the 2023-2024 academic year.
  - Check here if you are now living with, or reconciled with, your parents. *(In this case you need to complete the FAFSA with their parental information).*
- 3) Sign the certification statement below.

I certify that the information provided is true and accurate to the best of my knowledge. I am aware that the information above constitutes an application for funds from the federal government and that any material omissions, or false and misleading information, may result in penalties under federal law. If changes occur, I will notify the One Hop Shop in writing.

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

\_\_\_\_\_  
Date

**OFFICE USE ONLY:**

- Approved
- Denied  
*(Request parent info)*

Date/Initial: \_\_\_\_\_

INQUES