

## 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 University Attn: Office of Financial Aid Long Island and Online Campuses **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 <u>all</u> 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
<ul><li>information:</li><li>The specific reason(s) y</li></ul>	d personal statement which includes the following
separation. Describe the including your last date	ng the 2024-25 FAFSA.  to your separation from your parent/s, including the date of e current status of your relationship with your parent/s of contact. You must include information about both parents harried at the date of your separation.
from the date of separa  If supported by anothe	current living arrangements <u>and</u> means of financial support ation up to the present time. r individual(s) since the date of separation from your addividual(s), describe the nature of that support and state the ed.
with your family situati guidance counselor, att law enforcement officia • Proof of income for 202	st two adult sources, both of whom are intimately familiar on. At least one statement must be from a professional (i.e. corney, doctor, clergy member, mental health professional, l, etc).  22 (i.e. federal tax return transcripts, W-2 statements, ts—unless solely supported by another individual).
understand that providing fals	et all information I have provided is true and accurate. I e or deliberately misleading statements is a violation of a prison sentence, fines, or both.
Signature	Date