

Independence Appeal Form 2020-2021

# Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Students that do not meet the legal requirements for independent status on the Free Application for Federal Student Aid (FAFSA) may request a Dependency Override. In order to be considered independent, you must be able to document **unusual** or **exceptional family circumstances.** ***Please note that living in your own apartment, paying rent, claiming yourself on your federal tax return or having parents refuse to complete the FAFSA or parents refuse to contribute to your education does not constitute unusual circumstances.***

**Instructions:**

Step One: Complete the 2020-2021 FAFSA or Renewal FAFSA.

Step Two: Provide the information listed below.

Step Three: Attach your documentation and submit everything to the Financial Aid Office.

Required Information:

## Did anyone claim you on their 2019 federal tax return?

## 

No Yes – Person’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Did anyone claim you on their 2018 federal tax return?**

No Yes – Person’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Statement as to why you feel you are independent:**

Please attach a personal statement on a separate sheet that explains why you feel that you should be considered an independent student for financial aid purposes. The reasons that you describe must be unusual or extenuating in regard to your family situation. The statement should explain, in detail, your situation, including dates/timeframe and be legible. Please note that all information is kept confidential.

**over**

**You must provide supporting documentation to support your claim of independence.**

**The first letter** **needs** to come from a professional who is familiar with the situation you explained above. They must have firsthand knowledge of the facts you describe. This may include counselors, clergy, social workers, teachers, coaches, medical professionals, etc. The documentation needs to be on letterhead and should include contact information should more explanation be required.

**The second letter** that you must submit needs to come from another professional. If there is absolutely no other professional aware of your situation, then it should come from someone who has comprehensive knowledge regarding your extenuating circumstance. This may **NOT** be a **relative.**  Please be sure to include the individual’s relationship to you. The letter should include contact information in case we need to contact them for further information.

Depending on the circumstances the following could be considered professional documentation - court paperwork, police reports, restraining orders, death certificates, etc. may be used as supporting documentation. Please make sure all parties mentioned in the documentation are identified (aunt, grandmother, etc.).

**Decisions**: Based on the documentation you submit, the committee will make a decision regarding your status. This decision is final. You must submit this appeal and all supporting documentation at the same time; your appeal will be reviewed one time only. The responsibility for proving and documenting your situation rests entirely with you. In light of this, please use the checklist below to make sure that your appeal is complete before you submit it to our office.

The Financial Aid Office reserves the right to request an interview, clarification of submitted documentation, or require additional information.

**Affirmation:** All the information provided is true and accurate to the best of my knowledge. I understand that if I do not provide proof of my circumstances, my appeal will be denied. I also understand that I may submit only one appeal per academic year and that the decision of the committee is final.

## Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Checklist:**

**\_\_\_\_\_** Completed 2020-21 FAFSA

\_\_\_\_\_ Clear explanation of unusual circumstances from Student (**should be attached to this form**)

\_\_\_\_\_ **2** letters from professionals (**should be attached to this form**)

***If this form is incomplete, or any information is missing,***

***it will be returned to you with no action.***

Tompkins Cortland Community College Financial Aid Office | P.O. Box 139, 170 North Street | Dryden, New York 13053-0139

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