The Sage Colleges

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Federal Dependency Override Criteria for 2018-2019

Date: _____ Student ID: _____ Student Name:

Students who do not meet the statutory definition for independent status for federal financial aid may request a dependency override. To be considered independent the student must be able to document <u>unusual</u> or <u>extenuating</u> <u>family circumstances</u>. Please note that this form cannot be used to request independence status for the New York State TAP grant. This must be done separately through HESC in Albany as the criteria are different. Until you meet the statutory requirements for independent status, you must go through the same process each academic year.

Transfer students who were previously granted a dependency override at another school must be approved at The Sage Colleges. This includes submitting all required documentation.

Returning Sage College students who were granted a dependency override last year and want the override renewed need not supply additional copies of the third party documentation. However, all other documentation is required annually including an updated statement as to the current status of the extenuating circumstances.

Returning students complete this section:

- □ Check here if you were granted independent status for the 2017-2018 academic year at The Sage Colleges
- Check here if your situation has not changed and you are again requesting independent status for 2018-2019. (submit a written statement explaining the status of your situation Section A and complete the questions in Section B)
- □ Check here if you are now living with or reconciled with your parents. (In this case you need to complete the FAFSA with their information)

All Students Required Documentation:

A. Extenuating Circumstances:

- Indicate the month and year you last lived with either parent. ____/___
- Please submit, on a separate piece of paper, the reason(s) that you left your parents household and the extent of the contact you have with both your mother and father at this time. In this letter please indicate where and with whom you are currently residing and how you are being supported.

B. Student Information:

• Amount and source of income for 2016 and 2017. Attach signed copies of your 2016 and 2017 federal tax transcripts, statements from social services, W-2 forms, etc. Include both taxable and non-taxable income.

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2016- \$	_ Source
2017 -\$	Source

Where d	lid you live in:	(please circle appropriate response)	
2016:	with parent	with relatives/guardian	on your own
2017:	with parent	with relatives/guardian	on your own
2018:	with parent	with relatives/guardian	on your own
	2016: 2017:	Where did you live in:2016:with parent2017:with parent2018:with parent	2017: with parent with relatives/guardian

C. Supporting Documentation (for new requests only):

- Submit at least two (2) letters from reliable third parties who can support and verify your circumstances. The parties writing on your behalf must have first-hand knowledge of your situation and describe it fully. (Reliable third parties may include, but are not limited to counselors, members of the clergy, social workers, teacher, attorney, etc)
- Any other documentation you would like to submit to support your request. (Examples include police reports, court papers, etc)

Please Note: Federal guidelines regarding dependency overrides clearly indicate the following situations do not qualify as extenuating circumstances and therefore would not result in a dependency override.

- 1. Parents refusing to contribute to the student's education.
- 2. Parents unwilling to provide information on the application or for verification.
- 3. Parents not claiming the student as a dependent for income tax purposes.
- 4. Student demonstrating total self-sufficiency.
- 5. Situations within your control (ex. Parents did not like the person you were dating so you moved out)

Based on the documentation you submit, the Appeals Committee will make a decision regarding your status. The federal government has left the final decision on independence to financial aid personnel at each college. You have the burden to prove your independence and that it was either beyond your control or in the best interest of your physical and/or psychological well-being to leave your parents household.

If you have any questions regarding this form, or would like to speak with a financial aid counselor about your situation, please contact our office at (518) 244-4525 (Troy) or (518) 292-1783 (Albany).

You will be notified by the financial aid office once a decision has been made with any further instruction if necessary.

All students must sign the certification below:

I certify that the information provided is true and accurate to the best of my knowledge. I consent to the verification by The Sage Colleges, of any statement made herein. I also understand that the decision of the committee is final.

Student Signature

Date

Return Form To:

The Sage Colleges Financial Aid Office 65 First Street Troy, NY 12180 Fax: (518) 244-2460 The Sage Colleges Financial Aid Office 140 New Scotland Avenue Albany, NY 12208 Fax: (518) 292-7701