Financial Aid
2026/27 Request for Dependency Override

Many students feel that they are independent because they currently live on their own or because their parents no longer claim them on their income taxes. Others feel they should be considered independent because their parents refuse to provide information on the FAFSA or because their parents cannot afford to help with college expenses. However, these reasons are not sufficient for a federal dependency override appeal, and a student will not be deemed independent solely because he/she is self-supporting, is unwilling to accept parental assistance, or because a parent/stepparent is unwilling to provide the financial data or support. Nor will Rockland Community College consider a student independent solely based on a previous designation of independence by another institution.

Definition of an Independent Student

For the 2026/27 academic year, the U.S. Department of Education has defined an independent student as someone who meets one or more of the following conditions:

- Was born before January 1, 2003.
- Is married as of the date of the application, or is separated but not divorced.
- Is working on a master's or doctorate degree, such as an MA, MBA, MD, JD, PhD, EdD or a graduate certificate.
- Is currently serving in the U.S. Armed Forces or is a National Guard or Reservist who is on active duty for other than state or training purposes.
- Is a veteran of the U.S. Armed Forces.
- Has a child or children for whom he/she supplies more than half of their support.
- Has a dependent (other than his/her children or spouse) who lives with the student and who receives more than half of their support from the student for the period July 1, 2026 through June 30, 2027.
- Is an orphan, a foster youth, or ward/dependent of the court (or has been one of these statuses some time since turning 13 years old).
- Is an emancipated minor or in a legal guardianship as determined by a State court.
- Is defined by their high school, a HUD emergency shelter or transitional housing program, or a homeless youth basic center as an "unaccompanied youth who was homeless."

Financial Aid administrators are required to consider parent information for students who do not meet the above definition of an independent student. Exceptions are made only when adequate documentation of extenuating circumstances is provided. Extenuating circumstances are generally defined by a student's inability to have contact with his/her biological parents.

Review the Reasons for Requesting a Dependency Override listed on page 3. If none of these circumstances apply to your situation, do not continue completing this form. Speak to a Financial Aid staff member for guidance and advice.

Required Documentation

In order for Financial Aid to act on your Request for Dependency Override, you must supply sufficient documentation that completely and explicitly explains the basis of your request.

Document 1 – Personal Statement
You must include a **signed** Personal Statement explaining your circumstances. This statement will be used to support your request for a dependency override and will remain confidential. You must address all the Family Information noted below.

Document 2 – Adult Family Member Confirmation
You must include a **signed** statement from an adult family member or friend that confirms and describes the situation between you and your biological parents.

Document 3 – Third Party Documentation or Third Party Statement
Additional documentation is required from an acceptable third party. You may choose to provide supporting documentation from a third party (e.g. death certificate, obituary, court document, domestic violence police report, etc.) or you may provide a third party statement. Acceptable Third Party Statements include those from: professional acquaintances such as a member of the clergy, a high school guidance counselor, a medical doctor, a mental health professional, an attorney, a law enforcement officer, a social worker or an officer of the court.

Document 4 – Documentation of Income or Support
In addition to documenting independence from your parents, you will need to document income sufficient to support yourself by submitting your most recent federal tax transcript, **signed** copies of your tax returns or statements of non-taxable income. If you are being supported by someone other than your parents, please provide a statement from that person(s) indicating where and for how long they have provided you with housing and other living expenses.

Family Information That You Must Address in Your Personal Statement

- State the name and address of your biological mother and biological father. If either one's whereabouts are unknown, your statements must state such.
- State the last time you had contact with each of your biological parents.
- State the last time you lived with your each of your biological parents.
- State where and with whom you currently reside.
- State the reason(s) you no longer live with your biological parents.
- Describe the history and the current status of your parent's financial support of you.
- Describe how you supported yourself in 2024 and 2025.

DEOV-O

Rockland Community College
STATE UNIVERSITY OF NEW YORK

Financial Aid
2026/27 Request for Dependency Override

Student Name _____ **Student ID #** _____
(please print)

Student's Home Phone Number _____ **Student's Cell Phone Number** _____

Reasons for Requesting a Dependency Override

Check the reasons that most accurately describe your situation. ***If none of these circumstances apply, do not continue completing this form. Speak to a Financial Aid staff member for advice on how to proceed.***

_____ Severe and/or extraordinary circumstances within my family prevent me from contacting my parents and obtaining their financial information. I have marked the applicable situation(s):

- _____ I have an abusive home situation (physical, psychological, sexual harassment or abuse) that is detrimental to my physical or mental well-being
- _____ I was abandoned by both biological parents
- _____ One of my biological parents has a history of alcohol and/or drug abuse
- _____ One of my biological parents is incarcerated
- _____ The whereabouts of my biological mother are unknown
- _____ The whereabouts of my biological father are unknown
- _____ I am currently homeless.
- _____ Other: _____

_____ After filing the FAFSA, my custodial parent has passed away and my surviving parent meets one of the conditions listed above

Student Certification

I hereby certify that all of the information contained in this **Request for Dependency Override** is true and complete. I have not knowingly or intentionally provided any false statements or fraudulent documentation. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my request will be denied and my eligibility for aid jeopardized.

Student Signature_____ Date_____

********** **Office Use** **********

Financial Aid Advocacy Based Upon Personal Interview with Student (use back of form if necessary)

_____
_____
_____
_____
_____
_____

Additional Notes:

Summarize reasons for decision:

____ Approved ____ Denied Financial Aid Director or Designee _____

Date _____

Student's Name_____

Document 1 – Personal Statement: You must address all the Family Information noted below. Attach additional pages if necessary.

Name and address of your biological mother. If whereabouts are unknown, state such.

Name _____
Address _____
_____

Name and address of your biological father. If whereabouts are unknown, state such.

Name _____
Address _____
_____

State the last time you had contact with each of your biological parents.

_____
_____
_____
_____

State the last time you lived with your each of your biological parents.

_____
_____
_____
_____

State where and with whom you currently reside.

_____
_____
_____
_____

State the reason(s) you no longer live with your biological parents.

_____
_____
_____
_____

Describe the history and the current status of your parent's financial support of you.

_____
_____
_____
_____

Describe how you supported yourself in 2023 and 2024.

_____
_____
_____
_____

Acknowledgment: I hereby certify that all of the information contained above is true and complete.

_____ _____
Student's Signature Date

Document 2 – Adult Family Member Confirmation: You must address all the Family Information noted below. Attach additional pages if necessary.

Student's Name_____ Name of Adult Family Member _____
Relationship to Student _____ Telephone Contact # _____

Name and address of the student's biological mother. If whereabouts are unknown, state such.

Name _____
Address _____
_____

Name and address of the student's biological father. If whereabouts are unknown, state such.

Name _____
Address _____
_____

State the last time the student had contact with each of the biological parents.

_____
_____
_____
_____

State the last time the student lived with each of the biological parents.

_____
_____
_____
_____

State where and with whom the student currently resides.

_____
_____
_____
_____

State the reason(s) the student no longer lives with the biological parents.

_____
_____
_____
_____

Describe the history and the current status of the parental financial support of the student.

_____
_____
_____
_____

Describe how the student supported him/herself in 2023 and 2024.

_____
_____
_____
_____

Acknowledgment: I hereby certify that all of the information contained above is true and complete.

_____ _____
Family Member's Signature Date