



2012-2013 Petition for Dependency Override

NAME

STONY BROOK ID #

E-MAIL ADDRESS

PHONE #

Address (include apt. #)

City

State

Zip Code

This petition is used to request a dependency override for federal financial aid. It is used after you have filed your FAFSA and indicated that you have special circumstances which prevent you from providing parental information.

Prior Petition for Dependency Override Approval:

- Check here if you have been approved for a Petition for Dependency Override in the past by our office and your situation has not changed. You do not have to resubmit the documentation you previously provided. Just proceed to the **Student's Statement** section below.

Petition Process

Please note the following:

- A student's reluctance to request income information from the parent(s) or the unwillingness of parent(s) to pay or provide information is NOT justification for granting a dependency override.
- The fact that you are self-supporting is, by itself, NOT justification for granting a dependency override.
- Examples of situations where petitions may be approved include an abusive family environment or removal of the student from the parent(s)' residence by court order.
- A successful petition for a dependency override depends on the specific information and documentation you provide. Attach appropriate legal documents to support your petition.

Petition Steps

1. Personal Statement:

On a separate sheet of paper, tell us in your own words why you are requesting a dependency override. Describe your relationship with your parent(s) and include any circumstances surrounding the situation. Include information about how you provide for yourself. If you are receiving support from friends and relatives, you must describe the nature of the support. Sign and date your personal statement.

2. Documentation:

Provide statements from at least two individuals who can verify the family circumstances that you described in your personal statement. The statements should be from adults who have direct knowledge of the situation, or professionals from whom you have sought treatment or assistance. Professionals include guidance counselors, doctors, lawyers, family counselors, social workers, law enforcement officers, clergy members, etc. If a family member, who is not your parent, has raised you or is currently supporting you, submit an additional statement from that family member. The statements you submit must be signed originals but supporting documentation may be photocopies. We understand the sensitive nature of these circumstances; therefore all documentation received by our office will be kept confidential.

Student's Statement

All information provided in my petition for dependency override is correct and true. I understand that the decision made on the basis of this petition only affects my application for federal financial aid at Stony Brook University. If I have provided false and/or misleading information in order to receive federal financial aid funds, I will be required to repay any funds paid to me.

STUDENT SIGNATURE

DATE

Financial Aid Mailing and Contact Information

Please mail or fax all documents to the appropriate financial aid department listed below. Be sure to include the student's name and **Stony Brook ID** on all correspondence.

Schools of Nursing, Social Welfare, Health Technology and Management, and the Graduate Program in Public Health

Health Sciences Center Office of Student Services

HSC Level 2, Room 271

Stony Brook, NY 11794-8276

Telephone: 631-444-2111

Fax: 631-444-6035

hscstudentservices@stonybrook.edu

All Other Graduate and Undergraduate Programs

Office of Financial Aid and Scholarship Services

Administration Building Room 180

Stony Brook, NY 11794-0851

Telephone: 631-632-6840

Fax: 631-632-9525

finaid@stonybrook.edu