Purchase College
STATE UNIVERSITY OF NEW YORK

2023-2024 Appeal for Dependency Status

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NAME	Purchase ID

A student under the age of 24 may be considered self-supporting only in unusual circumstances. Completing this form does not guarantee that there will be changes to your financial aid status. A decision for your dependency appeal will apply to the 2023-2024 academic year. An appeal must be submitted for each year the student wishes to have their status evaluated.

Circumstances that will not be considered:

- Student is living at home (or with relatives) but paying rent
- Student has ongoing arguments with parent(s) and due to this the parent(s) have refused to help the student
- Student has chosen to leave parent(s) and put him or herself through college
- Parent(s) have chosen not to help with the student's college expense or provide financial information
- Student lives with or has a step-parent who refuses to provide support or income information

Indicate below why you are submitting this appeal:

☐ **Your parent(s) have been permanently declared incompetent by judicial action:**

- **Provide documentation, such as court orders, or notarized affidavits**
- **Provide a Third Party Letter:** Signed statement from a professional on letterhead who is not a family member, substantiating your claim of independence. This can be a priest, rabbi, counselor, Social Services professional, medical professional, law enforcement officer, officer of the court, etc. Third party letters not on letterhead will need to be notarized. All personal letters will need to be notarized.

☐ **You are receiving Public Assistance:**

- **Provide documentation proving receipt of Public Assistance.** Public assistance does not include food stamps, unemployment compensation, or aid as a dependent child under the Aid to Families with Dependent children (AFDC) Program.

☐ **You are receiving under your own name Supplemental Social Security (SSI) or normal Social Security income.**

- **Provide evidence from Social Security officials**-This does not include Social Security Benefits you are receiving due to a death of a parent (Survivor's benefits) or any other benefits received under your parents' names.

☐ **You have been rendered financially independent due to the involuntary dissolution of your family; Resulting in relinquishment of your parent(s) responsibility and control.**

- **Examples of this include: Abuse, abandonment, unfit living environment, etc.**
- **Provide documentation of the dissolution of your family, such as court orders, or notarized affidavits.**
- **Provide a Third Party Letter:** Signed statement from a professional on letterhead who is not a family member, substantiating your claim of independence. This can be a priest, rabbi, counselor, social services professional, medical professional, law enforcement officer, officer of the court, etc. **Third party letters not on letterhead will need to be notarized. All personal letters will need to be notarized.**

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Explain the reason for submitting this appeal in as much detail as possible.

Attach additional pages if necessary.

Required documents for this appeal

- **Standard Verification - Independent Form**
- **2021 Signed Tax Return or Tax Return Transcript**
- **2021 W-2 Form(s)**-All W-2 form(s) you received in 2020.

Signature

Signing this form certifies that the information reported on it is complete and correct. If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.

STUDENT: _____ _____ _____

Printed Name | Signature | Date