



**Herkimer**  
THE STATE UNIVERSITY OF NEW YORK

## 2025-2026 Dependency Override Application

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*Last Name*

*First Name*

*M.I.*

*ID Number*

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*Street Address*

*Phone Number*

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*City*

*State*

*Zip Code*

*Date of Birth*

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Independence for federal financial aid purposes may be granted where there is an **involuntary separation** from the family or if other extraordinary circumstances exist. An involuntary separation occurs when a student leaves or is removed from the family household for reasons other than his/her or their parents' own choice. **Documentation(s) of the circumstances involved is required and must be attached to this request.**

### Section A

To apply for a dependence override for the Federal Student Aid programs, you must do the following:

1. Complete all sections of this form. (front and back)
2. Complete a Free Application for Federal Student Aid (FAFSA).
3. Have you been granted a Dependency Override before?                      Yes                      No
4. If yes, please list the most recent college name and the year you were granted:\*

College Name

Academic Year

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*\*Returning students that have previously been granted a dependency override at Herkimer College skip to Section B*

5. Provide documentation(s) of the circumstances that made it necessary for you to leave or be removed from your parent' household. Acceptable forms of documentation are:
    - a. One or more letters of third party documentation from a professional (counselor, teacher, attorney, doctor, etc.) that knows you and your situation and can explain it **in detail**. This documentation must be on official letterhead and state the reason for the involuntary dissolution of the family. It must also contain a certification that in the third party's opinion, it was in the student's best interest (physical, mental, or other) to leave the home environment.
- OR
- b. If a letter from a professional is not possible, please obtain three letters from persons that know your family situation first-hand. In their letter, please have them state their relationship to you, the length of time they have known you and your family, and their understanding of your family situation. Each letter must be notarized.

## Section B

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Please explain the current status of your relationship with both your biological/adopted father and your biological/adopted mother even if they are currently divorced or separated. (attach a separate sheet if necessary)

Please explain the circumstances that made it necessary for you to leave the family. Please be as specific as possible. (attach a separate sheet if necessary)

## Section C

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*The information provided on this form is true and complete to the best of my knowledge. I agree to provide additional documentation if requested. I further agree to notify the Herkimer College Financial Aid Office of any errors or omissions in the above information or of any further circumstances which may affect the accuracy of the provided information. I understand that failure to comply with this agreement could result in forfeiture of my financial aid eligibility. I understand this application is for federal aid purposes. I also understand that the Financial Aid Office will use this application and the attached documentation to determine my dependency status.*

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_