
OSWEGO STATE UNIVERSITY OF NEW YORK

Financial Aid Office – 206 Culkin Hall – Oswego, NY 13126

Phone 315-312-2248 – Fax 315-312-3696

2016-2017 Appeal for Financial Aid as an Independent Student

RENEWAL APPLICATION

(Please read this form carefully. Filing this form does not guarantee that your appeal will be approved.)

Last Name	First Name	M.I.	ID/SSN#	
Street		City	State	Zip
Phone #	<input type="checkbox"/> Cell	<input type="checkbox"/> Home	Preferred Email address	

There are situations when truly independent students do not meet the requirements listed below. Financial Aid Officers have the authority to override independence criteria on a case-by-case basis when “extraordinary circumstances” exist. A renewal petition is for students who have already been reviewed and approved by Oswego’s Financial Aid Office in a previous year. Overrides apply to federal aid only, and NOT New York’s TAP program.

To petition for a renewal of an override, submit:

- This completed form
- File FAFSA on-line using “instructions for students unable to provide parental information”
- Tax forms or other proof of income
- Letter if necessary – see certification portion on back

You are considered an INDEPENDENT STUDENT for Financial Aid purposes if you meet one of the following conditions at the time you complete and sign the 2015-2016 Free Application for Federal Student Aid (FAFSA):

- You will be 24 years old by December 31, 2016. (Born **before** January 1, 1993)
- You are/were in foster care, a dependent or ward of the court, or were both of your parents deceased at any time since you turned age 13.
- You are a veteran of the U.S. Armed Forces, or currently serving on active duty (for purposes other than training).
- You are a graduate student working on a post-baccalaureate degree.
- You are married.
- You have children, or legal dependents, other than a spouse, who meet the definition of a legal dependent found in the FAFSA instructions.
- You are/were emancipated as a minor by a court.
- You are/were in legal guardianship as determined by a court.
- You are/were a homeless unaccompanied youth as determined by your high school liaison on or after July 1, 2015.
- You are/were a homeless unaccompanied youth as determined by the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development after July 1, 2015.
- You are/were an unaccompanied youth who was homeless or self-supporting and at risk of being homeless as determined by the director of a runaway or homeless youth basic center or transitional living program after July 1, 2015.

***Note:** If you meet one of the above conditions, you do not need to complete this form, however, documentation must be sent to school.

Your petition will be reviewed and you will be informed of the results. You and/or your parents may be asked for additional documentation if necessary to determine your status. If your petition is approved we will sign the override on-line once we receive your FAFSA from the processor. However, if your petition is denied you will receive further instructions. Overrides are valid for one year only. You must submit a petition for each year you wish an override. Please be sure your e-mail is a valid address.



1. What was your total taxable income (all earned income) for 2015? \$ _____
This includes wages earned from a job even if you don't file a tax return.
2. What was the total of all of your untaxed income for 2015? \$ _____
Please identify the amount and source of each type of untaxed income: (ex: unemployment, social security, etc.)

3. ATTACH a copy of your 2015 tax return. If you will not file, attach a copy of your last paycheck stub(s), preferably showing your year-to-date earnings or W-2 wage statement, and a statement of any untaxed income you received.
4. If you report "0" income, please explain how you supported yourself as an independent student for the past 12 months (including summer).
5. Include all addresses at which you have resided since your last petition. If you live in a residence hall during the year, include the address (es) where you stay in the summer and when the residence halls are closed. Please list all members of that household.

Certification: Please choose one of the following options:

1. I attest that the conditions used to determine my independent status have not changed, and that I have not resided with my parent(s) and have lived independently since my last petition.

Signature Date

2. If anything has changed in the circumstances that determined your original independent petition yet you feel you still meet the criteria for an override – please describe those changes in letter form and sign below.

Signature Date

Please return this form and all documentation to the Financial Aid Office at SUNY Oswego, 206 Culkin Hall, Oswego, NY 13126.

Explanations (use additional paper if necessary):