

## 2025-2026 Dependency Override Appeal Form

STUDENT NAME:	ID #			
Unmarried students who are under the age of 24 are required to provide parental data on the Free Application for Federal Student Aid (FAFSA). They are referred to as dependent students. However, dependent students with "unusual and unavoidable circumstances," may appeal to the Student Financial Services Office for a dependency override. A dependency override would allow the student to be considered an independent student (for financial aid purposes only) and exempt the student from providing parental data on his/her FAFSA.				
According to the Department of Education, the following circ override	cumstances would <b>not</b> be considered for a dependency			
Parents or stepparents refuse to contribute to stude				
<ul> <li>Parents or stepparents are unwilling to provide infor</li> <li>Parents or stepparents do no claim the student as a c</li> <li>Student demonstrates total self-sufficiency.</li> </ul>				
A Dependency Override Appeal form is considered on a case supporting documentation provided. For a situation to be confor a dependency override, it must belong in one of the followard Abandonment and/or estrangement by parents Incarceration or institutionalization of both parents Parents cannot be located	nsidered as an unusual circumstance and a possible basis			
Please indicate the qualifying reason you are submitting a Dependency Override Appeal:				
<ul><li>☐ Incarcerated parent(s)</li><li>☐ Physical or emotional abuse</li><li>☐ Documented abandonment</li></ul>	<ul><li>□ Parental drug use</li><li>□ Custodial parent deceased</li><li>□ Homeless or At Risk of Homelessness</li></ul>			
Documentation submitted to support your case must be relationship (or lack thereof) with your parents/steppa	arents, not on the lack of parental financial support.			
☐ Proof of current residency. This can be a utility bill, cable bil	tor, employer, counselor, social worker, teacher, or clergy), anation.  Thow long they have known you. All letters need to be an attesting to your circumstances. Ort your claims (e.g., police reports, school records, restraining orders). Il, medical/high school records. Ottrate your independent status. Supporting statements from any led if a personal statement.			



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STUDENT NAIVI	<u> </u>			
Depen	dency Override Pro	cess		
Financial	Services Office. Please emai subject line "Dependency C	il this completed form and do	cumentation to your	ting documentation to the Student dedicated financial aid counselor ors contact information as assigned
🚺 Appeals w	vill be reviewed on a case-by	y-case basis and all information	on will be kept confide	ntial.
The subm	ission of an appeal does no	t guarantee appeal approval.	Additional document	ation may be requested.
Requests	for follow up documentation	on will be sent to the student'	s Iona email.	
The Stude Status Ap		will notify students via their I	ona University e-mail	the result of their Dependency
		rcumstances that qualify for a s must be completed each yea	•	e will be deemed an independent
Below is the cont	tact information for your	dedicated financial aid cou	nselor assigned by I	ast name:
A-G H-K & M	Leandra Domingue: Nelida Capellan	z 914-633-244: 914-633-256		u <u>ez@iona.edu</u> n@iona.edu
L & P-Z	Jennifer Connolly	914-633-2030	jconnolly	<u>/@iona.edu</u>
Please indicate a discuss any ques	best email and telephonitions related to your app	e number at which the Stu eal.	dent Financial Servi	ces Office can reach you to
Email			Telephone #	( ) -
Office at Iona Un		y be subject to further doc		e Student Financial Services CISIONS ARE FINAL and cannot
STUDENT NAM	IE (PRINT)		ID	#
STUDENT SI	GNATURE		DATE	E:
	ourposely provide false or m sent to prison, or both.	isleading information, you wi	ll be reported to the L	J.S. Department of Education where
Approved	Denied Tra	ans #: Notice Sent:	FAA Initials:	Date: