**DEPAP** 



Business or Farm Income

Student Signature:

**Dependency Appeal 2024-2025**If you need assistance completing this form, please contact the Financial Aid Office at (585) 345-6900 or financialaid@genesee.edu

Student Name:		ID/S	ID/SSN:	
		considered independent, complete t considered if no documentation is c	v	
1. Three Letter Documentation	on:			
that you should be con assistance. At minimum	nsidered an independ m, discuss such issu and your financial r	ng your extenuating circumstances of dent student for purposes of receiving ues as your emancipation from your resources for 2022-2023 and project arents' home.	ng federal financial parents, your residency,	
financial aid ap		welling does not remove parental rests a parent's refusal to complete necess 2024 income.		
clergy, social worker, accepted responsibility the specific reasons fo	legal aid representa y for your care) rela r relinquishment of	a person in a professional capacity tive, school counselor, or an official ting to your family circumstances. I parental responsibility and control. p to you and how that person has disperson has di	l at the facility that has  This statement must include  The person making the	
circumstances regardin	ng your emancipationen they become kn	m a person that has first-hand knowledge on from your parents. This letter showledgeable of the extenuating circle ords.	ould include the person's	
2. Financial Resources:				
Transcript or signed tax r	return, or 2022 bene te of 2024 income (	1/1/23 – 12/31/23). Please attach a cefits statement. (earning period 1/1/24 – 12/31/24). I		
Income Source	Amount	Income Source	Amount	
Wages, salaries, tips		Rental Income or Loss		
Unemployment		Social Security Benefits		

Other:

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