

Student Name _____ ID _____

Las Positas College
REQUEST FOR CONSIDERATION OF A CHANGE IN DEPENDENCY STATUS
2018-2019

Eligibility for financial aid is based on the assumption that students and their parents are primarily responsible for paying for education. If the directions on your financial aid application instruct you to provide parents information, then by law you are a dependent of your parents. In unusual hardship cases, the Financial Aid Office may be able to assist a student who is technically dependent if the student can make a compelling case showing that it is unhealthy or impossible to provide the parental information. This will apply to situations such as the following examples: **1)** student suffered verifiable/documented parental abuse and contact with the parent would put the student in danger emotionally or physically, or **2)** parent is mentally handicapped. In such cases, the student must complete this form and provide written documentation, preferably from a third party professional (e.g. minister, psychologist, social worker, high school/college counselor, etc.) to support his/her claim. You are encouraged to provide strong verifiable documentation to support your case.

The following are NOT circumstances which may be considered to change a student's dependency status:

- *The student has been supporting himself/herself for a time*
- *The student has been supported by other relatives or friends for a time*
- *The student does not live with his/her parents*
- *The student is angry with the parents (or the parents are angry with the student) and wishes not to speak to them*
- *The parents are able but unwilling to provide their information*
- *The parents are living in another country.*

DIRECTIONS: After reading the information above carefully, if you feel you can substantiate an extenuating circumstance, complete a FAFSA at www.fafsa.ed.gov excluding parental information. Then complete this form and submit it to the financial aid office. If approved, adjustments will be made to your FAFSA which will allow you to be considered independent. **DOCUMENTATION must be provided!**

Student's Name: _____ SSN: _____

(Last) (First) (M)

Address: _____ Phone No. _____

City/State/Zip: _____ Email: _____

Is your mother living? Yes No Is your father living? Yes No

Are your biological parents still married to each other? Yes No

If not, what year did they separate/divorce? _____

Where does your mother live? _____

Where does your father live? _____

Which parent did you live with last? Mother Father

When did you move out of your parent's home? Month/Year _____

When was the last time you had any contact with your parents? Month/Year _____

When did your parents last provide any form of support? Month/Year _____

Student Name _____ ID _____

Explain who you live with, since when, and how much rent you pay each month.

How do you support yourself and meet your living expenses?

Please explain the circumstances involving your parents' inability or unwillingness to support you. Attach a separate sheet of paper if necessary to provide additional information that you feel supports your request to be considered as an independent student.

You must provide documentation of the above information by submitting a statement from a third party professional who is aware of your situation and can corroborate the facts you present. Examples of such persons would include clergy, social workers or other social service personnel, court officials, teachers, counselors and police officers. They must attach a statement that would support your claim, and provide contact information.

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT AND I UNDERSTAND THAT IT MAY BE USED TO OVERRIDE FEDERAL REGULATIONS REGARDING MY DEPENDENCY STATUS.

If I purposely give false or misleading information on this form, I may be fined \$10,000, sent to prison, or both.

FURTHER, I UNDERSTAND THAT IF I MOVE BACK WITH MY PARENTS OR RECEIVE ANY KIND OF SUPPORT FROM THEM, I MUST REPORT THIS TO THE FINANCIAL AID OFFICE IMMEDIATELY.

Student Signature

Date

FOR OFFICE USE ONLY

Dependency Override granted 2018-2019: _____ Dependency Override denied 2018-2019: _____

Remarks: _____

Signature of Financial Aid Staff Reviewer: _____ Date: _____