

2013-2014 FINANCIAL AID Dependency Status Change Request

Name: _				SCC ID#:		
	Last	First	MI			
whose ci you are	rcumstances fit into	a specific category ependent studen	t and information a	ded defines an INDEPENDEN'r YES to any one (1) of the about your parents is not r	question	s below,
1.	Were you born befor	e January 1, 1990			Yes 🗖	No 🗖
2. 3.	• • • •	•	<i>er "Yes" if you are sepo</i> ol year, will you be wor	rated but not divorce)king on a master's or	Yes 🗖	No 🗖
4.			, <i>MD, JD, PhD, EdD, gro</i> n the U.S. Armed Force	aduate certificate, etc)? es for purposes other	Yes 🗖	No 🗖
	_				Yes 🗖	No 🗖
5.					Yes 🗖	No 🗖
6.	July 1, 2013 and June	2 30, 2014?			Yes 🗖	No 🗖
7.	more than half of the	eir support from you	, now and through Jun	ho live with you and who receie 30, 2014?	ve Yes 🗖	No 🗖
8.	care or were you a d	ependent or ward of	the court?	ceased, were you in foster	Yes 🗖	No 🗖
	legal residence?			·	Yes 🗖	No 🗖
	legal residence?				Yes 🗖	No 🗖
11.			our high school or schoc companied youth who	ool district homeless was homeless?	Yes 🗖	No 🗖
12.	transitional housing	program funded by t	he director of an emer he U.S. Department of an unaccompanied you	= -	Yes 🖵	No 🗖
13.	basic center or trans	itional living progran	•	ere an unaccompanied	_	_
	youth who was home	eless or were self-su	oporting and at risk of	being homeless?	Yes 🗖	No 🗖

If you answer NO to all of the above questions, then you and your parents share responsibility for your higher educational expenses because you are considered a **Dependent** student. Your parent(s) financial information must be provided on the 2013-2014 FAFSA (Free Application for Federal Student Aid).

If you have a special circumstance that prevents you from providing parental information you may be able to submit your FAFSA, however, it will be incomplete. You MUST provide documentation to verify your situation with this Dependency Status Change Request form. Please follow these instructions listed below:

- ✓ Part 1 Dependency Status Change Request: Answer all questions in detail. Incomplete forms will not be reviewed.
- ✓ Part 2 Student Dependency Certification: Describe the special circumstances of your living situation and why you are unable to provide your parents information on the FAFSA.
- ✓ Part 3 Request for Third Party Verification: Ask a professional (high school counselor, high school teacher, high school official, priest, clergyman, physician, social case worker, etc) to provide a written statement describing your **special circumstances** to submit with this form.
- Additional Documentation (legal, medical, etc): as required to support this request.



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Part 1 of 3

TO BE COMPLETED BY THE STUDENT:

Name:	So	cial Security #: _		
Address:	City	State, Zip Code		Area Code + Phone Number
Father's Name:		State, 21p code		Area code + Friorie Namber
		_		
Father's Current Address:	City	State, Zip Code	Phone#	·
Mother's Name:		_		
Mother's Current Address:		State 7's Code	Phone#:	:
When was the last time you lived with yo	our parent(s)?	Mor	nth/Year: _	
When did your parent(s) last provide any (Example: room & board, personal necessities, clo		Mor	nth/Year: _	
When was the last year your parent's cla	aimed you on their tax return	s? Year:	i	
Student Income Information:				
List your total income (taxable and no	on-taxable) for the followir	ng year:		
Sources of Income for 2012:	Amo	unts for <u>2012</u>		
Financial Aid	\$		-	
Income earned from work:	\$		_	
Other:	\$		_	
TOTAL	\$		=	
Please briefly explain how you have been	n supporting yourself and you	ur current living s	situation.	
Student Signature:		Date		



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Part 2 of 3

STUDENT NAME:	SCC ID#:			
Please provide a detailed explanation of your special circumstances and why you are unable to provi your parent(s) information on the 2013-2014 FAFSA (Free Application for Federal Student Aid) and/o verification purposes. Attach legal or medical documents, if necessary, to support your explanation.				
Attach additional sheets, if needed.				
I certify that this statement is true and correct to	the best of my knowledge.			
Student Signature		Date		
FINANCIAL AID OFFICE USE ONLY:	APPROVED	DENIED		
Comments				
	DATE			
BY	DATE			



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Part 3 of 3

2013-2014 Request for Third Party Verification

STUDENT NAME: _	SCC ID#:
and your family site Physician, Psychiat	Please forward this PART 3 to a Third Party Professional who has knowledge of you, your parent(s) uation. (A professional includes, but is not limited to, a High School Counselor/Teacher/Official, rist, Clergyman, Priest, Social Worker, etc). NOTE: Friends or family members are not considered nals, and may not submit information on your behalf for this request.
College. The stude	NAL (3 rd Party): The student named above has applied for Financial Aid at Solano Community nt indicated on the 2013-2014 FAFSA (Free Application for Federal Student Aid) submitted that provide parental information because of special circumstances regarding their family and living
•	ritten statement describing your knowledge of the student's family history and relationship with Include the following information on a separate sheet (official/business letterhead preferred).
1.	How long have you known the student?
2.	What is your relationship to the student?
3.	Why do you believe that the student is unable to provide parental information on the FAFSA?
4.	What is the most recent date to the best of your knowledge, the student lived with or received support from their parent(s)?
5.	Why do you believe the student should be considered independent?
6.	Provide your full name and current contact information.

All information provided will remain **confidential** and will be used by a college Financial Aid Administrator to help determine the student's Dependency Status for Federal Title IV Financial Aid eligibility.

Provide your written (3^{rd} Party) statement to the student for submittal with their 2013-2014 Dependency Status Change Request form.

Sincerely,

Solano Community College, Financial Aid Office 4000 Suisun Valley Road, Room 425, Fairfield, CA 94534 (707) 864-7103; www.solano.edu

7. Sign and date your statement.