

## 2018-2019 DEPENDENCY STATUS CHANGE REQUEST

lent name: SCC ID #:			
Part 1 of 4: Student Questionnaire			
Section 480(d) of the Higher Education Act (HEA) of 1965, as amended defines an INDEPEND someone whose circumstances fit into a specific category. If you can answer <b>YES</b> to <b>any one</b> or you are considered an INDEPENDENT student for financial aid purposes, and parental information the 2018-2019 Free Application for Federal Student Aid (FAFSA).	f the question	s belo	
1. Were you born before January 1, 1995?	Yes	No	
2. As of today, are you married? (Also answer "yes" if separated but not divorced)	Yes [	No	
3. At the beginning of the 2018-2019 academic year, will you be working on a Masters or Doctorate program (such as MA, MBA, JD, PhD, EdD, graduate certificate, etc.)?	Yes [	No	
4. Are you currently serving active duty in the U.S. Armed Forces for purposes other than training?	Yes	No	
5. Are you a veteran of the U.S. Armed Forces?	Yes	No	
6. Do you have children who will receive more than 50% support from you between July 1, 2018 ar June 30, 2019?	Yes [	No	
7. Do you have dependents <b>other than your spouse or child</b> who live with you and will receive more than 50% support from you between July 1, 2018 and June 30, 2019?	Yes [	] No	
8. At any time since you turned age 13, were both your parents deceased, were you in foster care, were you a dependent or ward of the court?	or Yes _	No	
9. Are you or were you an emancipated minor as determined by a court in your state of legal residence?	Yes	No	
10. Are you or were you in a legal guardianship, by someone other than your parent or stepparent, determined by a court in your state of legal residence?	as Yes	No	
11. At any time on or after July 1, 2017, did your high school or school district homeless liaison determine that you were an unaccompanied youth and homeless?	Yes	No	
12. At any time on or after July 1, 2017, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth and homeless?	t Yes [	] No	

If you answer **NO** to all of the above questions, then you and your parent(s) share responsibility for your higher educational expenses because you are considered a DEPENDENT student. Your parent(s)' financial information must be provided on the 2018-2019 FAFSA.

13. At any time on or after July 1, 2017, did the director of a runaway or homeless youth basic center

or transitional living program determine that you were an unaccompanied youth and

homeless, or were self-supporting and at risk of being homeless?

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 considered conditional and incomplete. You MUST provide documentation to verify your situation and attach it to this completed form.

Yes

No

## Part 2 of 4: Student Dependency Certification

address: address: u lived with your parent st provide any form of s	SCC ID#:Phone #:Phone #:Phone #:  Phone #:Phone #:  Phone #:  Support?:  Month/Year  support?:  Month/Year  su as a dependent on their income tax return?:	
address: address: u lived with your parent st provide any form of s	Phone #:Phone #:  si(s)?: Month/Year  support?: Month/Year	
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ur parent(s) claimed yo	u as a dependent on their income tax return?: _	
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v vou have been suppo	orting yourself and your current living situation:	
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## Part 3 of 4: Student Statement

Please provide a <u>detailed explanation</u> of your <u>special circumstances and why you are unable to provide</u> <u>your parent(s)' information on the 2018-2019 FAFSA</u> and/or for verification purposes. Attach legal or				
medical documents, if necessary, to support your exp				
Attach additional pages, if needed.  I certify that this statement is true and correct to	the best of my knowledge.			
ATTN: Mailed or faxed copies will not be acce	nted. Original forms must be sub	mitted in person.		
FINANCIAL AID OFFICE USE ONLY:		DENIED		
Comments:	APPROVED	DENIED		
Comments.				
BY:	DATE:			

## Part 4 of 4: Third Party Verification

C4	CCC ID#.	
Student name:	SCC ID#:	
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STUDENT: Please forward this section to a THIRD PARTY PROFESSIONAL who has

knowledge of you, your parent(s) and your special circumstances. A professional includes, but is not limited to: a high school counselor/teacher/official, physician, psychiatrist, clergyman, priest, social worker, etc. NOTE: <u>Friends or family members are NOT considered third party professionals</u>, and MAY NOT submit on your behalf <u>unless requested by the SCC Financial Aid Office</u>.

**THIRD PARTY PROFESSIONAL:** The above-named student has applied for financial aid at Solano Community College. The student has indicated on the 2018-2019 FAFSA submitted that <u>he/she is</u> <u>unable to provide parental information due to special circumstances</u> regarding his or her family and living situation.

Please provide a <u>written, typed statement</u> describing your knowledge of the student's family history and relationship with his or her parents. Include the following information on a separate page (official/business letterhead is preferred).

- 1. How long have you known the student?
- 2. What is your relationship to the student?
- 3. Why do you believe the student is <u>unable</u> 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 his or her parent(s)?
- 5. Provide your full name and current contact information.
- 6. Sign and date your statement.

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. Please provide your written statement to the student for submission with his or her **Dependency Status Change Request** form.

Sincerely,

Solano Community College Financial Aid Office