



# 2015-2016 FINANCIAL AID Dependency Status Change Request

Name: \_\_\_\_\_ SCC ID#: \_\_\_\_\_  
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Section 480(d) of the Higher Education Act (HEA), of 1965, as amended defines an INDEPENDENT student as someone whose circumstances fit into a specific category. If you can answer **YES** to **any** one (1) of the questions below, you are considered an **Independent** student and information about your parents is **not** required on the 2015-2016 FAFSA (Free Application for Federal Student Aid).

1. Were you born before January 1, 1992..... Yes  No
2. As of today, are you married? (Also answer "Yes" if you are separated but not divorce)..... Yes  No
3. At the beginning of the 2015-2016 school year, will you be working on a master's or Doctorate program (such as an MA, MBA, MD, JD, PhD, EdD, graduate certificate, etc)? ..... Yes  No
4. Are you currently serving on 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 receive more than half of their support from you between July 1, 2015 and June 30, 2016? ..... Yes  No
7. Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2016? ..... Yes  No
8. At any time since you turned age 13, were both your parents deceased, were you in foster care or were you a dependent or ward of the court? ..... 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 legal guardianship as determined by a court in your state of legal residence? ..... Yes  No
11. At any time on or after July 1, 2014, did your high school or school district homeless liaison determines that you were an unaccompanied youth who was homeless? ..... Yes  No
12. At any time on or after July 1, 2014, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determines that you were an unaccompanied youth who was homeless? .....Yes  No
13. At any time on or after July 1, 2014, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting 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 2015-2016 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.



# 2015-2016 FINANCIAL AID Dependency Status Change Request

## Part 1 of 3

### TO BE COMPLETED BY THE STUDENT:

Name: \_\_\_\_\_ SCC ID #: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State, Zip Code Area Code + Phone Number*

Father's Name: \_\_\_\_\_

Father's Current Address: \_\_\_\_\_ Phone#: \_\_\_\_\_  
*Street City State, Zip Code*

Mother's Name: \_\_\_\_\_

Mother's Current Address: \_\_\_\_\_ Phone#: \_\_\_\_\_  
*Street City State, Zip Code*

When was the last time you lived with your parent(s)? Month/Year: \_\_\_\_\_

When did your parent(s) last provide any form of support?  
*(Example: room & board, personal necessities, clothing, insurance, etc.)* Month/Year: \_\_\_\_\_

When was the last year your parent's claimed you on their tax returns? Year: \_\_\_\_\_

### Student Income Information:

List your total income (taxable and non-taxable) for the following year:

Sources of Income for 2014:	Amounts for <u>2014</u>
Financial Aid	\$ _____
Income earned from work:	\$ _____
Other: _____	\$ _____
<b>TOTAL</b>	\$ _____

Please briefly explain how you have been supporting yourself and your current living situation.

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Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Attn: Mailed or Faxed copies will not be accepted. Original forms must be submitted in person.*





## 2015-2016 FINANCIAL AID Dependency Status Change Request

### Part 3 of 3

### 2015-2016 Request for Third Party Verification

STUDENT NAME: \_\_\_\_\_ SCC ID#: \_\_\_\_\_

**To the STUDENT:** Please forward this **PART 3** to a **Third Party Professional** who has knowledge of you, your parent(s) and your family situation. (A professional includes, but is not limited to, a High School Counselor/Teacher/Official, Physician, Psychiatrist, Clergyman, Priest, Social Worker, etc.). **NOTE: Friends or family members are NOT considered Third (3<sup>rd</sup>) Party professionals, and may not submit information on your behalf unless requested by the college Financial Aid Office.**

**To the PROFESSIONAL (3<sup>rd</sup> Party):** The student named above has applied for Financial Aid at Solano Community College. The student indicated on the 2015-2016 FAFSA (Free Application for Federal Student Aid) submitted that **he/she is unable to provide parental information** because of **special circumstances** regarding their family and living situation.

Please provide a written statement **describing your knowledge of the student's family history and relationship with his or her parents.** 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.**
7. **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.

Provide your written (3<sup>rd</sup> Party) statement to the student for submittal with their 2 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](http://www.solano.edu)