



## 2017 - 2018

# **Dependency Status Change Request**

	Please check campus:	☐ Cañada College	☐ College of San Ma	ateo	☐ Skyline College			
Student Information								
Last Name		First Name	M.I.		Student ID Number	-		
Street Address	S	City	ST Z	Zip	Phone Number	-		

### **Dependency Status Information**

The Department of Education considers you a dependent student until the age of 24 unless you can answer yes to ANY of the following situations that applies to you:

- I was born before January 1, 1993
- I am married
- I will be working on a master's, doctorate or graduate certificate program
- I am serving on active duty in the U.S. Armed Forces
- I am a veteran of the U.S. Armed Forces
- I have children and I provide more than half of their support
- Since I turned age 13, both of my parents were deceased

- I was in foster care since turning age 13
- I have dependents (other than children or my spouse) who live with me and I provide more than half of their support
- I was a dependent or ward of the court since turning 13
- I am currently or I was an emancipated minor
- I am currently or I was in legal guardianship
- I am homeless or I am at risk of being homeless

If you do not meet at least one of the conditions listed above, you are considered a dependent student for financial aid purposes and you must provide your parent(s) financial information on the 2017 – 2018 Free Application for Federal Student Aid (FAFSA).

In some cases, federal guidelines allow schools to exercise "Professional Judgment" in overriding a student's dependency status in certain situations where the relationship between you and your parent(s) has been compromised in a serious and ongoing way. Examples of this include, but are not limited to, where you have experienced verbal or physical abuse, abandonment, or where your physical or emotional welfare is jeopardized by continued contact with your parent(s).

#### **Submit Documents**

To be considered for a dependency override you must submit the following:

- ✓ A personal letter of appeal explaining the reason for your request for a dependency override

  The letter should provide as much detail as possible describing your separation from both your parents. You are required to include the following information:
  - The whereabouts of both parents and their current living arrangements. Include the last contact you had with both parents and frequency of contact with them over the past year(s)
  - Why you cannot provide parental information on the 2017 2018 Free Application for Federal Student
    Aid (FAFSA)Your living arrangements over the past year(s); with whom you have lived with and who has
    provided financial support for you
  - Your name, Student ID number, and signature
- ✓ A second letter from a professional individual not related to you (i.e. teacher, counselor, medical professional, social worker or clergy) who can attest to your situation. Please be aware, this letter must be from a professional that knows your situation. Letters from individuals without pertinent information regarding your situation will not be considered.
  - Must be on official letterhead and include the individual's name, title or position, address, phone number and must be signed
- ✓ Attach copy of court documents and/or police reports (if applicable)

#### **Answer Questions**

Have you been approved for a Dependency Override within the SMCCCD district (Skyline, Cañada, or College of San Mateo) during the previous year?						
☐ Yes—Answer all questions below if your situation has not changed and submit a Statement of Fact.						
When was the last time you had contact with your parents?						
When was the last time your parent(s) provided any form of support?						
Did your parent(s) claim you on their federal tax returns in any of the years listed below?						
2015 ☐ Yes ☐ No 2016 ☐ Yes ☐ No						
Will they claim you on their federal tax return in 2016? $\Box$ Yes $\Box$ No						
□ No—skip to section E.						
Employment and Income						
Are you currently employed? $\Box$ Yes $\Box$ No If Yes, what are your monthly wages? \$						
Please provide the Name, Address and Phone Number of your current employer:						
Do you have other sources of income?						

Must show valid photo ID at the time of submission.

Are you paying rent? ☐ Yes ☐ No If Yes, how	much do you pay monthly? \$					
Please provide the name, address and phone number of the person to whom you pay rent:						
Certification and Signature	· <u> </u>					
<ul> <li>Financial Aid Offices and only for the acade</li> <li>If you were approved for a Dependency Ov Fact is required to renew your override req</li> <li>If you choose to attend another college out review to make an exception.</li> <li>Other colleges are not bound by the decision</li> </ul>	the San Mateo County Community College District (SMCCCD) mic year for which the override is approved. erride during the previous year within the SMCCCD, a Statement of uest. eside of our district (SMCCCD), that college must conduct its own on of the SMCCCD Financial Aid Office. Industrial documentation will ear.					
Student Signature	 Date					

Please note: All reviews of "override requests are done on a case by case basis". Since each case is unique, additional information may be requested in some circumstances. Please feel free to attach a statement if you feel there is further information that will help the Financial Aid Office staff when reviewing this request.