



# FINANCIAL AID OFFICE

411 CENTRAL AVENUE • SALINAS, CA 93901 • (831)755-6806 • FAX (831) 759-6014

## 2011-2012 Dependency Status Request Form

The Financial Aid Office is required by federal law to obtain parent information to calculate an official expected parental contribution for students unless the student meets one of the following conditions:

- Is born before January 1, 1988;
- Is married;
- Is a veteran of the Armed Forces;
- Is currently serving on active duty in the U.S. Armed Forces other than training;
- Is a student working on a degree beyond a bachelor's degree;
- Has children or dependents who receive more than half of their support from the student;
- Is (at any time since the age of 13 years) an orphan (both parents are deceased), was in foster care, or was a dependent or a ward of the court;
- Is an emancipated minor as determined by a court in their state of legal residence;
- Is in legal guardianship as determined by a court in their state of legal residence;
- Is an unaccompanied youth who is/was homeless as determined (*on or after July 1, 2010*) by:
  - A high school or school district homeless liaison, or
  - A director of an emergency shelter or transitional housing funded by HUD, or
  - A director of a runaway or homeless youth basic center or transitional living program, or
- Is a student for whom a financial aid administrator makes a documented determination of independence by reason of unusual circumstances.

### Unusual Circumstances

We may be able to override your dependent status if unusual circumstances exist that makes it impossible for you to have contact with your parents. **Examples** include situations where a student:

- Has parent(s) who are incarcerated
- Your Custodial Parent has died and the other natural parent is still living
- Has been physically, sexually, emotionally or mentally abused by an immediate family member
- You are a political refugee

If your family situation involves an unusual circumstance such as those described above, you may request a review of your dependency status. **Any situation that is/was a result of choice other than a necessity would not be considered for review.**

### Required Documentation

To consider your request, we will need additional information and documentation of your family circumstances. You must complete **all** of the attached forms (*keep the first page for your information*):

- Personal statement of explanation (Attached)
- Student's Statement of Information (Attached)
- Two (2) "Affidavit In Lieu Of Parent Information" from a third party who is at least 25 years old and who has known student a **minimum of 2 years**. At least one (1) affidavit should be from an impartial party (e.g., clergy, teacher, counselor, social worker) who will verify your situation.

***Submit Completed Forms and Documentation To The Financial Aid Office.***



**Student's Statement of Information  
2011-2012 Dependency Status Request Form**

Student's Name \_\_\_\_\_

SSN or Student I.D. # \_\_\_\_\_

Answer the following questions:

Where are your parents currently residing?

Mother's Address: \_\_\_\_\_

Father's Address: \_\_\_\_\_

When was the last time you (*give month/year*):

a) Received support from      Mother \_\_\_\_\_ Father \_\_\_\_\_

b) Lived with      Mother \_\_\_\_\_ Father \_\_\_\_\_

Why are your parents unable to provide support or information?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How have you supported yourself since parental support ended?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List income and resources (\$) used/available to support yourself since parental support ended.

	Actual 2010	Actual 2010	Projected 2012
Income/Wage	_____	_____	_____
Savings	_____	_____	_____
Benefits (Social Security, Welfare, Disability, etc.)	_____	_____	_____
Unemployment Compensation	_____	_____	_____
Financial Aid	_____	_____	_____
Support from Others	_____	_____	_____
Other: (list) _____	_____	_____	_____

**I HEREBY CERTIFY THAT THE INFORMATION LISTED ABOVE IS TRUE AND COMPLETE.**

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Affidavit In Lieu of Parents Information  
2011-2012 Dependency Status Request Form**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
SSN or Student I.D. #

The student named above has indicated on their application for federal financial aid that he or she is unable to provide parent information due to unusual circumstances. Please provide information you are aware of that may support the student's claim.

How long have you known the student? \_\_\_\_\_ (*must be a minimum of 2 years*)  
Please provide a brief statement regarding your knowledge of the student's family history including their relationship with parents.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why is the student unable to provide parent information for financial aid purposes?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When was the last time the student...

Received financial support from parents?

\_\_\_\_\_  
Month/Year

Lived with parents?

\_\_\_\_\_  
Month/Year

How is the student currently supporting himself/herself?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Declarant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Contact # \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_ Phone# \_\_\_\_\_

Occupation: \_\_\_\_\_

**I HEREBY CERTIFY THAT THE INFORMATION LISTED ABOVE IS TRUE AND COMPLETE.**

\_\_\_\_\_  
Declarant's Signature

\_\_\_\_\_  
Date

**Affidavit In Lieu of Parents Information  
2011-2012 Dependency Status Request Form**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student I.D. #

The student named above has indicated on their application for federal financial aid that he or she is unable to provide parent information due to unusual circumstances. Please provide information you are aware of that may support the student's claim.

How long have you known the student? \_\_\_\_\_ (*must be a minimum of 2 years*)

Please provide a brief statement regarding your knowledge of the student's family history including their relationship with parents.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why is the student unable to provide parent information for financial aid purposes?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When was the last time the student...

Received financial support from parents?

\_\_\_\_\_  
Month/Year

Lived with parents?

\_\_\_\_\_  
Month/Year

How is the student currently supporting himself/herself?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Declarant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Contact # \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_ Phone# \_\_\_\_\_

Occupation: \_\_\_\_\_

**I HEREBY CERTIFY THAT THE INFORMATION LISTED ABOVE IS TRUE AND COMPLETE.**

\_\_\_\_\_  
Declarant's Signature

\_\_\_\_\_  
Date