Student’s Name  Hartnell Student I.D.#

The Financial Aid Office is required by federal law to obtain parent information to calculate an official expected parental contribution for students, but may do Dependency Overrides on a case-by-case basis for students with unusual circumstances.

**Unusual Circumstances Examples** may include the following conditions:

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

*Any situation that is/was a result of choice other than a necessity would not be considered for review.*

Please explain your unusual circumstances. Tell us why your situation calls for an override to your dependency status. Be sure to include any documentation you have to support your statements. (If you need additional space, attach a written personal statement of explanation.

_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

I hereby certify that the above statement is true and correct.

Student’s Signature  Date

**Required Documentation**

- Student’s Statement of Information (Attached)
- Completed 2016-2017 FAFSA application
- V1 Independent Institutional Verification Document
- 2015 IRS income tax return transcripts (if taxes filed)/ 2015 Wage & Income Transcript (if taxes not filed)
- 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.

FA Only: Approved ____ Denied ____ Pending ____  Staff Signature _______________ Date: __________
Student’s Statement of Information
2016-2017 Dependency Status Request Form

______________________________________________________          __________________________
Student’s Name                                                              Hartnell 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.

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<tr>
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<th>Actual 2015</th>
<th>Projected 2016</th>
<th>Projected 2017</th>
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<td>Income/Wage</td>
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<td>Savings</td>
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<td>Benefits (Social Security, Welfare, Disability, etc.)</td>
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<td>Unemployment Compensation</td>
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<td>Support from Others</td>
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<td>Other: (list)</td>
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I HEREBY CERTIFY THAT THE INFORMATION LISTED ABOVE IS TRUE AND COMPLETE.

______________________________________________________          __________________________
Student’s Signature                                                              Date
Affidavit In Lieu of Parents Information
2016-2017 Dependency Status Request Form

______________________________________________________          __________________________
Student’s Name                                                Hartnell 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?

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

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
2016-2017 Dependency Status Request Form

Student’s Name ___________________________ Hartnell 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?

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Declarant’s Name: ___________________________ Age: __________

Contact # ___________________________ Relationship to Student: __________

Address: ___________________________ Phone# __________

Occupation: ___________________________ Phone# __________

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

Declarant’s Signature ___________________________ Date ___________________________