



# FINANCIAL AID OFFICE

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

## 2022-2023 Dependency Status Request Form

\_\_\_\_\_  
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, a Dependency Override is reviewed on a case-by-case basis

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

- Parent(s) are incarcerated
- 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.*

**Attach all of the following documentation**

- Letter of explanation typed in detail of how parents are unable to provide support
- Completed 2022-2023 V1 Independent Institutional Verification Worksheet  Photocopy of your 2020 Tax Return Transcript  Photocopy of your 2021 Tax Return Transcript.
- Letter from your current and/or previous employer verifying your total expected 2022 gross earnings, and the date(s) employment began and ended (if applicable).
- Copy of most recent check stub.
- 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 this form along with all required documentation to The Financial Aid Office.*

**For Office Use Only:**

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Staff Signature \_\_\_\_\_ Date: \_\_\_\_\_

Initial EFC \_\_\_\_\_ Verified EFC \_\_\_\_\_ D.O. EFC \_\_\_\_\_

**All applications for financial assistance programs; i.e., student loans, work Compensation, grants, scholarships, special funds, subsidies, prizes, etc., will be considered by the Hartnell College District / Local School District without regard to race, color, national origin, gender, marital status or disability. Harassment of any employee/student with regard to race, color, national origin, gender, marital status or disability is strictly prohibited. WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

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Student's Statement of Information  
2022-2023 Dependency Status Request Form

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 \_\_\_\_\_

How have you supported yourself since parental support ended?

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

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

	Actual 2020	Actual 2021	Projected 2022 <small>(1/1/2022-12/31/22)</small>
Income/Wage	_____	_____	_____
Savings	_____	_____	_____
Benefits (Social Security, Welfare, Disability, etc.)	_____	_____	_____
Unemployment Compensation	_____	_____	_____
Financial Aid	_____	_____	_____
Support from Others	_____	_____	_____
Other: (list) _____	_____	_____	_____

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

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

\_\_\_\_\_  
Date

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 2022-2023 Dependency Status Request Form**

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.

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

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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