

Name: \_\_\_\_\_

ID# \_\_\_\_\_

Date Received: \_\_\_\_\_

## De Anza College– Financial Aid Request for review of dependency status

The Financial Aid Office is required by federal law (Public Law 102-325, Sec 480(d)) to consider parent information and expect a parent contribution for students unless the student meets one of the following conditions.

The Federal Aid definition of an independent student is one who can answer “YES” to any of the following questions:

- Were you born before January 1, 1992?
- Will you be working on a degree beyond a bachelor’s degree in school year 2015-2016?
- As of today, are you married?
- Do you have children who receive more than half of their support from you; **OR** Do you have dependents (other than your children or spouse) who live with you and receive more than half of their support from you, now and through June 30, 2016?
- Are you an orphan or ward of the court, or **were** you a ward of the court until age 18?
- Are you a Veteran of the U.S. Armed Forces?

### Unusual Circumstances\*

We may be able to override your dependent status if unusual circumstances exist that make it impossible for you to have contact with your parents. If your family situation involves an unusual circumstance such as those described in the following examples, you may request a review of dependency status.

Examples of unusual circumstances: a parent is in prison or is hospitalized; you have been physically, sexually, or mentally abused by one or both parents; you moved out of your parent’s home when you were under 18 years of age; your parents live out of the country and you are unable to maintain reasonable contact with them.

\*The following are **NOT** circumstances that will be considered, to change a student’s status from dependent to independent:

- The student has been supporting himself/herself for a time.
- The student has been supported by other relatives or friends for a time.
- The student does not live with his/her parents.
- The student is angry with the parents and wishes not to speak to them.
- The parents are able but unwilling to provide their information.
- The parents are living in another country.

### Required Documents

In order for our office to consider your request for a review of your dependency status, we need additional information and documentation of your family circumstances. You must complete ALL of the attached forms:

- A Personal Statement of Explanation
- Completion of the *Student’s Statement of Information* form.
- You must provide documentation supporting your claim by submitting a statement written by **TWO** Third-Party professionals who are aware of your situation and can corroborate the facts you present. Examples of such persons would include clergy, social workers or other social service personnel, court officials, teachers, counselors and police officers.

**PERSONAL STATEMENT OF EXPLANATION  
For Review of Dependency Status**

*Please, print or type your detailed statement of 'unusual circumstances' as to why you feel the Financial Aid Office should make an override to your dependency status. (If you need additional space, please continue on the back of this form.)*

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*I, hereby, certify that the above statement and information provided is true and correct. I understand that it may be used to override Federal Regulations regarding my dependency status. If I purposely give false or misleading information on this form, I may be fined \$10,000, sent to prison, or both.*

*Further, I understand that if I move back with my parents or receive any kind of support from them, I must report this to the Financial Aid Office immediately.*

\_\_\_\_\_  
*Student's Name (Print)*

\_\_\_\_\_  
*Student ID#*

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

\_\_\_\_\_  
*Date*

# STUDENT STATEMENT OF INFORMATION

(To Be Completed By the Student)

\*\*\**Incomplete Forms Will NOT Be Reviewed*\*\*\*

**1. Where are your parents currently residing?**

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

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

**2. When was the last time you (month/year)**

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

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

**3. Why are your parents' unable to provide support or information?**

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

**4. How have you supported yourself since you became independent from your family?**

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

**5. What was your income and/or resources from the time that you stopped receiving support from your parents?**

	Actual 20____	Actual 20____	Projected 20____
Income/ Wages	_____	_____	_____
Savings	_____	_____	_____
Benefits (SSI, Unemployment, etc)	_____	_____	_____
Financial Aid	_____	_____	_____
Support from Others	_____	_____	_____
Other	_____	_____	_____

*I hereby certify that the above information contained in my statement is true and complete.*

\_\_\_\_\_  
**Student's Name (Print)**

\_\_\_\_\_  
**Student ID#**

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

\_\_\_\_\_  
**Date**

STUDENT NAME: \_\_\_\_\_

ID#: \_\_\_\_\_

**De Anza College– Financial Aid  
THIRD-PARTY SUPPORTING STATEMENT #1**

*Statement must be written by a Third Party professional who is aware of the student's situation and can corroborate the facts presented by the student. In order for the DA Financial Aid Office to consider a request for a Review of Dependency Status, we need additional documentation. Please provide as much information possible to explain the student's situation.*

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*I hereby certify that the above information contained in my statement is true and complete.*

\_\_\_\_\_  
*Name (Third-Party)*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

STUDENT NAME: \_\_\_\_\_

ID#: \_\_\_\_\_

**De Anza College – Financial Aid**  
**THIRD-PARTY SUPPORTING STATEMENT #2**

*Statement must be written by a Third Party professional who is aware of the student's situation and can corroborate the facts presented by the student. In order for the DA Financial Aid Office to consider a request for a Review of Dependency Status, we need additional documentation. Please provide as much information possible to explain the student's situation.*

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*I hereby certify that the above information contained in my statement is true and complete.*

\_\_\_\_\_  
*Name (Third-Party)*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Phone Number*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*