



Financial Aid Office  
 PO Box 8106  
 San Luis Obispo, CA 93403

Print Clearly

Last Name	First Name	Student ID#
Telephone Number		Email Address

### 2013-2014 Petition to Change Dependency Status

**1. 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 your parents. You are required to include the following documentation:

- Last date and nature of parent contact and location of your parents
  - Your living arrangements over the past year(s), with whom you have lived and who has provided financial support for you, **supported by proper documentation** and your name, Student ID Number, and Signature
- 2. Two personal statements by two third parties who can attest to your situation.**
- Their letters should provide as much detail as possible describing your separation from your parents
  - **The letters should be from two different professional individuals not related to the student** – counselor, social worker, teacher, clergy, police, etc. and they must be on letter head and include the individual’s name, title or position, address and must be signed and summarize your unusual circumstances and knowledge concerning your relationship with your parents.
  - The third party cannot be related to each other and must reside at separate addresses.
- 3. Complete and e-sign your 2013-2014 FAFSA at [www.fafsa.ed.gov](http://www.fafsa.ed.gov) - leave your parent section blank.**

**4. A copy of student’s 2012 IRS Tax Transcript, including all W-2’s transcripts, schedules and attachments.**

- Did anyone claim you on their 2012 Federal Income Tax Return?  No  Yes  
 Person’s Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_
- Did you receive AFDC/TANF (welfare), SSI (disability), or Social Security checks in 2012?  No  Yes  
 If so, list the name(s) of the source, how much you received per month and the number of months you received the benefit in 2012. Source: \_\_\_\_\_ Amount: \$\_\_\_\_\_ # of Months Received \_\_\_\_\_
- Were you certified as homeless by your high school or school district homeless liaison, the director of a runaway or homeless youth center, or HUD? If so, you attach a copy of your certification-  No  Yes

**I certify that all of the information listed on the form concerning my petition to request my dependency status is correct and complete.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

For Office Use Only	Office Stamp
Form is complete: YES <input type="checkbox"/> NO <input type="checkbox"/> Reviewed by: _____ Form Incomplete returned to student on: _____ by _____	