

Palomar College Student Financial Aid
REQUEST FOR REVIEW OF DEPENDENCY STATUS
2007-2008 Award Year

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:

- 1) is born before January 1, 1984;
- 2) is/was an orphan or ward of the court until age 18;
- 3) is a veteran of the Armed Forces;
- 4) currently serving on active duty in the U.S. Armed Forces for the purposes other than training;
- 5) is a student working on a degree beyond a bachelor's degree;
- 6) is a married individual;
- 7) has children or dependents who receive more than half of their support from student, or
- 8) is a student for whom a financial aid administrator makes documented determination of independence by reason of other 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 of unusual circumstances are: a parent is incarcerated or hospitalized; you have been physically, sexually, emotionally or mentally abused by an immediate member of the family; your parents live out of the country and you are unable to maintain reasonable contact with them. 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 Documentations

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, and
- Completion of "Student's Statement of Information", and
- Completion of two (2) "Affidavit In Lieu Of Parent Information" from a third party who is at least 25 years and who has known student a minimum of 3 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 ATTACHED FORMS AND PERTINENT DOCUMENTS TO PALOMAR COLLEGE FINANCIAL AID OFFICE.

Student's Name

Student I.D.#

PERSONAL STATEMENT OF EXPLANATION
For Review of Dependency Status
2007-2008 Award Year

Please print or type below your 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.)

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

Student's Signature

Date

**SUBMIT THIS STATEMENT WITH ALL OTHER REQUIRED DOCUMENTS TO
PALOMAR COLLEGE FINANCIAL AID OFFICE.**

Student's Name _____

Student I.D.# _____

For Review of Dependency Status Student's Statement of Information

2007-2008 Award Year

(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 is the last time you (give month/year)

a) received support from Mother _____ Father _____

b) lived with Mother _____ Father _____

3) Why are your parent's unable to provide support or information?

4) How have you supported yourself since your independence from your family?

5) What are your income and/or resources from the time that you stopped receiving support from your parents?

	Actual 2006	Actual 2007	Projected 2008
Income/Wages	_____	_____	_____
Savings	_____	_____	_____
Benefits (SSI, Unemployment, etc.)	_____	_____	_____
Financial Aid	_____	_____	_____
Support from Others	_____	_____	_____
Other: (explain)	_____	_____	_____

***** |

HEREBY CERTIFY THAT THE ABOVE INFORMATION CONTAINED IN STATEMENTS ARE TRUE AND COMPLETE.

Student's Signature

Date

Student's Name _____

Student I.D.# _____

**For Review of Dependency Status
Affidavit In Lieu of Parents Information
2007-2008 Award Year**

(To be completed by a Third Party who has known student at least 3 years)

The student named above has indicated on the application for financial aid that he/she is unable to provide parent information due to unusual circumstances.

1) How long have you known the student? _____ (must be a minimum of 3 years)

2) Please provide a brief statement regarding your knowledge of the student's family history and relationship with parents.

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

4) What is the last date the student...
Received financial support from parents? _____

Month/Year

Lived with parents? _____

Month/Year

5) How is the student currently supporting himself/herself?

Declarant's Name: _____ Age: _____

Contact # _____ Relationship to Student: _____

Address: _____ Phone# _____

Occupation: _____

HEREBY CERTIFY THAT THE ABOVE INFORMATION CONTAINED IN STATEMENTS ARE TRUE AND COMPLETE.

Signature of Declarant Date

Student's Name _____

Student I.D.# _____

**For Review of Dependency Status
Affidavit In Lieu of Parents Information
2007-2008 Award Year**

(To be completed by a Third Party who has known student at least 3 years)

The student named above has indicated on the application for financial aid that he/she is unable to provide parent information due to unusual circumstances.

1) How long have you known the student? _____ (must be a minimum of 3 years)

2) Please provide a brief statement regarding your knowledge of the student's family history and relationship with parents.

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

4) What is the last date the student...
Received financial support from parents?

Month/Year

Lived with parents?

Month/Year

5) How is the student currently supporting himself/herself?

Declarant's Name: _____ Age: _____

Contact # _____ Relationship to Student: _____

Address: _____ Phone# _____

Occupation: _____

HEREBY CERTIFY THAT THE ABOVE INFORMATION CONTAINED IN STATEMENTS ARE TRUE AND COMPLETE.

Signature of Declarant Date