

# Palomar College - Student Financial Aid

## 2009-2010 Review of Dependency Status Request

The Financial Aid Office is required by federal law (Public Law 110-315 dated 8/14/08) to consider parent information and expect an official calculation of expected parental contribution for students unless the student meets one of the following conditions:

- is born before January 1, 1986;
- is married;
- is a veteran of the Armed Forces;
- is currently serving on active duty in the U.S. Armed Forces other than training;
- is a student working on a degree beyond a bachelor's degree;
- has children or dependents who receive more than half of their support from the student;
- is (at any time since the age of 13 years) an orphan (both parents are deceased), was in foster care, or was a dependent or a ward of the court;
- is an emancipated minor as determined by a court in their state of legal residence;
- is in legal guardianship as determined by a court in their state of legal residence;
- is an unaccompanied youth who is/was homeless as determined (*on or after July 1, 2008*) by:
  - a high school or school district homeless liaison, or
  - a director of an emergency shelter or transitional housing funded by HUD, or
  - a director of a runaway or homeless youth basic center or transitional living program, or
- is a student for whom a financial aid administrator makes a documented determination of independence by reason of 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 include situations where a student:

- has parent(s) who are incarcerated or hospitalized;
- has been physically, sexually, emotionally or mentally abused by an immediate family member;
- has parents living out of the country and is 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 Documentation

To consider your request, we will need additional information and documentation of your family circumstances. You must complete **all** of the attached forms (*keep the first page for your information*):

- Personal statement of explanation,
- Student's Statement of Information, and
- 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 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 Completed Forms and Documentation To The Financial Aid Office.***

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Student's Name

Student I.D.#

## **PERSONAL STATEMENT OF EXPLANATION 2009-2010 Review of Dependency Status Request**

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, use the back of this form.)*

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

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Student's Signature

Date

***Submit Completed Forms and Documentation To The Financial Aid Office.***

Student's Name \_\_\_\_\_

Student I.D. # \_\_\_\_\_

## Student's Statement of Information 2009-2010 Review of Dependency Status Request

Answer the following questions.

1) Where are your parents currently residing?

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

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

2) When was 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 parental support ended?

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

	Actual 2008	Actual 2009	Projected 2010
Income/Wages	_____	_____	_____
Savings	_____	_____	_____
Benefits (Social Security (Welfare, Disability, etc.))	_____	_____	_____
Unemployment Compensation	_____	_____	_____
Financial Aid	_____	_____	_____
Support from Others	_____	_____	_____
Other: (list) _____	_____	_____	_____

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

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

Date \_\_\_\_\_

Student's Name \_\_\_\_\_

Student I.D. # \_\_\_\_\_

## 2009-2010 Review of Dependency Status Request Affidavit In Lieu of Parents Information

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.

- 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 including their relationship with parents.

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

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

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

- 4) When was the last time the student:  
Received financial support from parents? \_\_\_\_\_

Month/Year

Lived with parents? \_\_\_\_\_

Month/Year

- 5) 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.**

Signature of Declarant \_\_\_\_\_

Date \_\_\_\_\_

Student's Name \_\_\_\_\_

Student I.D. # \_\_\_\_\_

## 2009-2010 Review of Dependency Status Request Affidavit In Lieu of Parents Information

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.

- 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 including their relationship with parents.

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

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

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

- 4) When was the last time the student...  
Received financial support from parents?

\_\_\_\_\_  
Month/Year

Lived with parents?

\_\_\_\_\_  
Month/Year

- 5) 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.**

\_\_\_\_\_  
Signature of Declarant

\_\_\_\_\_  
Date