



2019-2020 Dependency Status Change Request

Last Name

First Name

Student ID Number

Dependency Status Information

The Department of Education considers you a dependent student until the age of 24, unless you can answer yes to **ANY** of the following situations that applies to you:

- I was born before January 1, 1996
- I am married
- I will be working on a master's, doctorate or graduate certificate program
- I am serving on active duty in the U.S. Armed Forces
- I am a veteran of the U.S. Armed Forces
- I have children and I provide more than half of their support
- Since I turned age 13, both of my parents were deceased
- I was in foster care since turning age 13
- I have dependents (other than children or my spouse) who live with me and I provide more than half of their support
- I was a dependent or ward of the court since turning 13
- I am currently or I was an emancipated minor
- I am currently or I was in legal guardianship
- I am homeless or I am at risk of being homeless

If you do not meet at least one of the conditions listed above, you are considered a dependent student for financial aid purposes and you must provide your parent(s) financial information on the 2019 – 2020 Free Application for Federal Student Aid (FAFSA).

In some cases, federal guidelines allow schools to exercise "Professional Judgment" in overriding a student's dependency status in certain situations where the relationship between you and your parent(s) has been compromised in a serious and ongoing way. Examples of this include, but are not limited to, where you have experienced verbal or physical abuse, abandonment, or where your physical or emotional welfare is jeopardized by continued contact with your parent(s).

Must show valid photo ID at the time of submission

Cañada College (650) 306-3307, College of San Mateo (650) 574-6147, Skyline College (650) 738-4236

IMPORTANT – Please use black or blue ink if completing by hand. This document will be scanned into your financial aid file.

Submit Documents

To be considered for a dependency override, you must submit the following:

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 both your parents. You are required to include the following information:
 - The whereabouts of both parents and their current living arrangements. Include the last contact you had with both parents and frequency of contact with them over the past year(s)
 - Why you cannot provide parental information on the 2019 – 2020 Free Application for Federal Student Aid (FAFSA). Your living arrangements over the past year(s); with whom you have lived with and who has provided financial support for you
 - Your name, Student ID number, and signature
2. A second letter from a professional individual not related to you (i.e. teacher, counselor, medical professional, social worker or clergy) who can attest to your situation. Please be aware, this letter must be from a professional that knows your situation. Letters from individuals without pertinent information regarding your situation will not be considered.
 - Must be on official letterhead and include the individual's name, title or position, address, phone number and must be signed
3. Attach copy of court documents and/or police reports (if applicable)

Answer Questions

Have you been approved for a Dependency Override within the SMCCCD district (Skyline, Cañada, or College of San Mateo) during the previous year?

Yes—Answer all questions below if your situation has not changed and **submit a Statement of Fact** <https://www.smccd.edu/studentforms/>.

When was the last time you had contact with your parents? _____

When was the last time your parent(s) provided any form of support? _____

Did your parent(s) claim you on their federal tax returns in any of the years listed below?

2016 Yes No 2017 Yes No

Will they or did they claim you on their federal tax return in 2018? Yes No

No—skip to Employment and Income section.

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Employment and Income

Are you currently employed? Yes No

If yes, what are your monthly wages? \$_____

Please provide the Name, Address and Phone Number of your current employer:

Do you have other sources of income? Yes No If Yes, please explain below:

Are you paying rent? Yes No If Yes, how much do you pay monthly? \$_____

Please provide the name, address and phone number of the person to whom you pay rent:

Certification and Signature

If your Dependency Override is approved:

- You may be required to submit additional financial documents.
- It will be valid for **one academic year** within the San Mateo County Community College District (SMCCCD) Financial Aid Offices and only for the academic year for which the override is approved.
- If you were approved for a Dependency Override during the previous year within the SMCCCD, a **Statement of Fact is required to renew your override request.**
- If you choose to attend another college outside of our district (SMCCCD), that college must conduct its own review to make an exception.
- Other colleges are not bound by the decision of the SMCCCD Financial Aid Offices.
- The SMCCCD Financial Aid Offices are not bound by the decisions of any colleges and additional documentation may be required to determine an exception.
- Override requests must be renewed each year.

I certify that the above information is true to the best of my knowledge.

Student’s Signature

Date

Please note: All reviews of “override requests are done on a case by case basis”. Since each case is unique, additional information may be requested in some circumstances. Please feel free to attach a statement if you feel there is further information that will help the Financial Aid Office staff when reviewing this request.

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