CHANGE OF DEPENDENCY STATUS
REQUEST FORM

IMPORTANT: Please read the following information carefully before completing this form:

Students who answered “No” to all thirteen (13) dependency questions in Step Three of the Free Application for Federal Student Aid (FAFSA) are considered to be dependent for financial aid purposes. Dependent students must provide their parent’s information in Step Four of the FAFSA.

The Financial Aid Office has the authority to make a student independent by professional judgment, if the student has an adverse home situation. Examples of adverse home situations are:

The Following are NOT examples of adverse home situations and cannot be used as the basis of an application for a change of dependency status:
- Refusal by the parents to provide the information needed in Step Four of the FAFSA
- Parents live outside of the United States
- Refusal by the parents to provide copies of Tax Returns
- Students are not living with their parents
- Parents do not support the student
- Parents do not claim the student on their tax return
- Students have no contact with their parents
- Students claim to be self-supporting

WARNING: Being considered independent DOES NOT automatically makes a student eligible for more financial aid. In many cases, students may actually receive more financial aid as a dependent student.

The purpose of completing the attached forms is to document the adverse home situation of a student. If you feel that you are from an adverse home situation, please do the following:

1. Complete the Statement of Information
2. Complete the Personal Statement of Explanation
3. Give the third party certification to a person who knows your family situation. Such a person might be a minister, social worker, counselor, adult family member or other adult who knows you and your family. Ask this person to describe the relationship between you and your parents, giving us enough detail to make a determination as to whether your situation is adverse.
4. Submit all completed forms to a Financial Aid Technician.
2015 – 2016 STATEMENT OF INFORMATION
(To Be Completed by the Student)
Do not leave any question blank

Last Name                   First Name                   Social Security Number

1. What is your parent’s name and current address?

<table>
<thead>
<tr>
<th>Father’s Name and Address</th>
<th>Mother’s Name and Address</th>
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2. When was the last time you lived and received support from your Father? ________________

3. When was the last time you lived and received support from your Mother? ________________

4. Why are your parents unable to provide support or information to complete your financial aid application?

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________________________________________________________________________________
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5. Please indicate how you are currently supporting yourself in 2015 and how you supported yourself in 2014.

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Certification: I certify that all information reported on this form is true, complete, and accurate to the best of my knowledge. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. I UNDERSTAND THAT I MUST REPORT CHANGES OF THE ABOVE INFORMATION TO THE FINANCIAL AID OFFICE.

________________________________________  __________________________
Student’s Signature  Date

For Office Use Only

Financial Aid Technician Comments and Decision:

_________ Approved          _________ Denied

Rationale:

________________________________________________________________________________

FA Technician Signature: ___________________________  Date: ________________
2015 – 2016 PERSONAL STATEMENT OF EXPLANATION
(To Be Completed by the Student)

Last Name ____________________________________________________________________________
First Name ____________________________ Social Security Number ____________________________

Please print or type a statement describing your adverse home situation and your relationship with your parents. Be sure to provide enough detail as to why the Financial Aid Office should change your status.

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Certification: I certify that all information reported on this form is true, complete, and accurate to the best of my knowledge. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. I UNDERSTAND THAT I MUST REPORT CHANGES OF THE ABOVE INFORMATION TO THE FINANCIAL AID OFFICE.

Student’s Signature ___________________________________________ Date ___________________________
THIRD PARTY CERTIFICATION

To the student: Please give this form to someone who knows your situation well, such as a minister, teacher, social worker, counselor, adult family member or other adult who knows you and your family.

______________________________________
Student's Last Name, First Name

______________________________________
Social Security Number

Please describe the above student’s home situation and relationship with his/her parents in enough detail for the Financial Aid Office at Los Angeles Southwest College to determine if there is an adverse home situation.

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(Attach additional sheets, if needed)
I certify that the above statement is true and correct to the best of my knowledge.

______________________________________
Third Party Signature

______________________________________
Date

______________________________________
Relationship to the Student

______________________________________
Known Student Since

______________________________________
Third Party Printed Name

______________________________________
Telephone Number

______________________________________
Address

______________________________________
City and State

______________________________________
Zip Code
THIRD PARTY CERTIFICATION

To the student: Please give this form to someone who knows your situation well, such as a minister, teacher, social worker, counselor, adult family member or other adult who knows you and your family.

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Student’s Last Name, First Name _________________________ Social Security Number

Please describe the above student’s home situation and relationship with his/her parents in enough detail for the Financial Aid Office at Los Angeles Southwest College to determine if there is an adverse home situation.

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(Attach additional sheets, if needed)

I certify that the above statement is true and correct to the best of my knowledge.

__________________________________________________________________________________
Third Party Signature _________________________ Date

__________________________________________________________________________________
Relationship to the Student _________________________ Known Student Since

__________________________________________________________________________________
Third Party Printed Name _________________________ Telephone Number

__________________________________________________________________________________
Address

__________________________________________________________________________________
City and State _________________________ Zip Code