2014-2015 REQUEST FOR REVIEW OF DEPENDENCY STATUS

Note: Being considered independent does not automatically make you more eligible for financial aid. You may actually have more financial aid eligibility as a dependent student.

Financial Aid Offices are given the authority to make students independent by professional judgment if the student is from an adverse home situation. Under this authority, dependent students may be independent because of:

UNUSUAL CIRCUMSTANCES:

- a parent is in prison or is hospitalized on a permanent basis
- there has been physical, sexual, or mental abuse by one or both parents
- the family situation involves alcohol or drug abuse

STUDENT CANNOT BE MADE INDEPENDENT SIMPLY BECAUSE:

- Their parents refuse to provide the information needed in Step Four of the FAFSA or their parents refuse to provide copies of their tax returns.
- They are not living with their parents.
- Their parents do not support them or claim them on their tax return.
- They have no contact with their parents.
- They are totally self-supporting.

If your family situation involves an unusual circumstance such as those described above, you may request a review of your dependency status. The purpose of this form is to document the home situation of a student who wants their dependency status changed due to an adverse home situation. All requests will be reviewed by the Financial Aid Appeals Committee and/or the Financial Aid Director, but not all requests will be granted. All decisions are final.

REQUIRED DOCUMENTATION

In order for the Financial Aid Office to consider your request to review your dependency status, we need additional information and documentation of your family circumstances. You must complete ALL of the attached forms. Do not leave any questions blank. If any part of this packet is left blank, it will be denied.

COMPLETE AND SUBMIT ALL FORMS AND DOCUMENTS TO THE FINANCIAL AID OFFICE
FINANCIAL AID OFFICE
2014-2015 REQUEST FOR REVIEW OF DEPENDENCY STATUS

Name ___________________________ Date: ___________________________

Student ID #: _____________________ SSN: XXX – XX - __________________

Email Address: _____________________ Phone #: ______________________

Required Documents:

- A DETAILED statement explaining why you are not able to provide parental information. Explain when was the last time you lived with, had contact with your parents and how you have supported yourself since that date.

- A statement from a school official or a responsible individual from the community (i.e., minister, social worker, counselor, court official, etc.). This statement must address their knowledge of your situation and the circumstances. Letters from recent acquaintances or friends will not be accepted.

- Proof of Income in 2013 (copy of your Federal 2013 tax return or IRS transcript, W2’s, 1099’s and/or proof of other income you may have received including untaxed income or benefits).

- Current Check Stub(s).

- Current rental agreement/statement from your landlord to verify your current living arrangement.

- Student must complete 2014-2015 FAFSA online @www.fafsa.gov using their financial information only. If the request is approved we will submit corrections electronically. If the request is denied, we will request parent information and signatures at that time.

Request for Review of Dependency Status Timeline:

After you submit your Request for Review of Dependency packet along with supporting documentation to the Financial Aid Office:

- Your packet will be reviewed for document completion.
- Your request, if complete, will be reviewed by the Financial Aid Appeal Committee and/or the Financial Aid Director for an approval, pending, or a denied status.
- You will be notified of the decision by mail approximately two weeks from the date we receive your request. Please be sure your address is current in the Admissions Office.
- If approved, the financial aid office will submit corrections electronically to your FAFSA.
- Once SBVC receives your information electronically, your file will be processed.
- If eligible, you will be notified by mail of your eligibility.
- Your funds will be disbursed to you according to the Disbursement Dates.
FINANCIAL AID OFFICE
2014-2015 STUDENT STATEMENT OF INFORMATION
(IMPORTANT: Do not leave any questions blank. If any part of this packet is left blank, it will be denied.)

NAME: __________________________ ID#: __________________________

SSN: XXX – XX - __________________________

Parents:

Mother                                             Father

Name: __________________________                       __________________________

Address: __________________________                       __________________________

Phone: __________________________                       __________________________

1. What are your present living arrangements? (Who do you live with, how much rent do you pay each month, and since what date?)

________________________________________________________________________

________________________________________________________________________

2. How do you support yourself and meet your living expenses?

________________________________________________________________________

________________________________________________________________________

3. When was the last time you lived with your father? __________________________ (Month/Year)

When was the last time you lived with your mother? __________________________ (Month/Year)

4. When was the last time you had any contact with your father? _____________ (Month/Year)

When was the last time you had any contact with your mother? _____________ (Month/Year)

5. When did your father last provide any form of support for you? _____________ (Month/Year)

When did your mother last provide any form of support for you? _____________ (Month/Year)

6. Why are your parents no longer supporting you?

________________________________________________________________________

________________________________________________________________________
7. What was your income and/or resources in?

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
<th>2014 (to present)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1/1/12 - 12/31/12</td>
<td>1/1/13 - 12/31/13</td>
<td>1/1/14-12/31/14</td>
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<tr>
<td>Income/Wages</td>
<td>______________</td>
<td>______________</td>
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<tr>
<td>Savings</td>
<td>______________</td>
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<tr>
<td>Benefits (SSI, TANF, etc.)</td>
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<td>Financial Aid</td>
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<td>Cash Support from Others</td>
<td>______________</td>
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<tr>
<td>Other: (explain on back of form)</td>
<td>______________</td>
<td>______________</td>
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</tbody>
</table>

**Certification:** I certify that all information reported on this form is true, complete, and accurate to the best of my knowledge. I agree to provide proof of the information that I have reported on this form. 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
FINANCIAL AID OFFICE
2014-2015 PERSONAL STATEMENT OF EXPLANATION
For Review of Dependency Status

STUDENT’S NAME: ________________________________ SSN#: ____________________________
  Last    First    Middle

Please print or type below your statement of "unusual circumstances" in enough detail to determine if there
is an adverse home situation. (If you need additional space, please continue on the back of this form.)

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

CERTIFICATION: I certify that all information reported on this form is true, complete, and accurate to
the best of my knowledge. I agree to provide proof of the information that I have reported on this
form. 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
FINANCIAL AID OFFICE
2014-2015 AFFIDAVIT IN LIEU OF PARENT'S INFORMATION

(Do not leave any question blank. If any part of this form is left blank it will not be accepted.)

STUDENT’S NAME: ________________________________ SSN#: ________________________________

Last  First  Middle

The student named above has stated that he/she is unable to provide parental information due to unusual circumstances. Please answer the following questions and describe the student’s home situation and relationship with his/her parents in enough detail for the financial Aid Office at San Bernardino Valley College to determine if there is an adverse home situation.

1) How long have you known the student? _________________

2) Please provide a statement regarding your knowledge of the student’s family history and relationship with parents. (Please type or print)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3) What is the last date:
   Student received financial support from parents? _________ / _________ ( ) Unknown
   Month  Year

   Student lived with parents? _________ / _________ ( ) Unknown
   Month  Year

3) How is the student currently supporting himself/herself? ( ) Unknown

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Name of Person Completing Form: ________________________________ Age: _____________

(PLEASE PRINT CLEARLY)

Relationship to Student: ________________________________ Phone #: (______)__________________

Address: _______________________________________________________________________________

NOTE: The person completing this form may be contacted to verify the information being provided. **

Certification:  I certify that all information reported on this form is true, complete, and accurate to the best of my knowledge.

________________________________________  ___________________________________________
Signature of person completing this form  Date
FINANCIAL AID OFFICE
2014-2015 AFFIDAVIT IN LIEU OF PARENT’S INFORMATION

(Do not leave any question blank. If any part of this form is left blank it will not be accepted.)

STUDENT’S NAME: ___________________________________________ SSN#: ___________________________

The student named above has stated that he/she is unable to provide parental information due to unusual circumstances. Please answer the following questions and describe the student’s home situation and relationship with his/her parents in enough detail for the financial Aid Office at San Bernardino Valley College to determine if there is an adverse home situation.

1) How long have you known the student? ______________________

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

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

3) What is the last date:

Student received financial support from parents? _________ / _________ ( ) Unknown
Month Year

Student lived with parents? _________ / _________ ( ) Unknown
Month Year

3) How is the student currently supporting himself/herself? ( ) Unknown

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Name of Person Completing Form: __________________________________________ Age: _____________

(PLEASE PRINT CLEARLY)

Relationship to Student: ___________________________ Phone #: (_______)__________________

Address: _________________________________________________________________

** NOTE: The person completing this form may be contacted to verify the information being provided. **

Certification: I certify that all information reported on this form is true, complete, and accurate to the best of my knowledge.

_________________________________________ __________________________
Signature of person completing this form Date