

2015-2016 INDEPENDENT STATUS CERTIFICATION

Federal student aid programs are based on the concept that it is primarily your and your family's responsibility to pay for your education. Your answers to questions on the financial aid application determine whether you are considered a dependent or independent student. Students cannot be considered independent for any of the following reasons: not living with your parent, not being claimed by your parent on tax forms, parent's refusal to provide their information, or the student's self-sufficiency.

<u>INSTRUCTIONS:</u> After review of your financial aid application, it has been determined that you indicated that you qualify for one of the special independency considerations. Furthermore, it has been determined that this is the only criterion which is qualifying you as an independent student for financial aid purposes. As a result, we must certify your independent status. Please complete the information below and return to the Los Medanos College Office of Financial Aid, along with any required documentation to demonstrate your status (as indicated below).

SECTION I: STUDENT INFORMATION

Last Name	First Name	M.I.
Student ID		Phone Number

SECTION II: INDEPENDENT STATUS

Check ONE (1) box for the status that applies to you and attach the required documentation.

Independent Status Eligibility (check	Acceptable Documentation Options
one)	
Currently serving on active duty in U.S. Armed Forces for purposes other than training	 If currently serving in the U.S. Armed Forces or are a National Guards or Reserves enlistee who is on active duty, submit a signed letter from your commanding officer; or Military order attesting to active duty status
Veteran of the U.S. Armed Forces	 Provide a copy of your DD-214 confirming the following: Engaged in active duty in the U.S. Armed Forces, National Guard, or Reserves A cadet or midshipman at a service academy Release from service under a condition other than dishonorable discharge
At any time since your turned 13, both of your parents were deceased	Copy of both parents' death certificates and your birth certificate. If one parent is deceased and the other parent's whereabouts are unknown, please review Section IV.
At any time since you turned 13, you were in foster care	 Copy of official documentation from the court confirming your status in foster care; or Letter from county Independent Living Skills Program (ILSP) confirming your status in foster care. <u>www.cocoilp.org</u> or by phone at 1.800.994.4577
At any time since you turned 13, you were a ward of the court.	Copy of official documentation from the court confirming your status as a ward of the court. *This means the court determined that your parent(s) were unable to care for you and that the State or the Court took legal custody of you or you were removed from

		your parent's custody for your protection.
	You are or were an emancipated minor before you reach the age of 18 in your state.	 Copy of the emancipation documentation from the court confirming your status and effective date(s) of the status. May be obtained from county Recorder's Office where petition for emancipation was granted.
	You are or were in a court ordered legal guardianship immediately before you reach the age of 18 in your state.	 Copy of the court documentation confirming your status in a legal guardianship and the effective date(s) of the legal guardianship status May be obtained from county Recorder's Office where petition of legal guardianship was granted. Note that legal guardianship does not include your parents (even if appointed by the court as your guardians). Also, you cannot be a legal guardian of yourself.
	You received a determination at any time on or after July 1, 2014, that you were an unaccompanied youth who was homeless or at risk of being homeless.	 Completion of Section III by any of the following: Your high school or school district liaison The director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development The director of a runaway and homeless basic center or transitional living program
liaisor transit	n, or the director of an emergency shelter, tran tional living program.	<u>FION</u> : To be completed by the high school/district homeless sitional housing program, homeless youth basic center, or
Print N	lame of Certifying Official	Phone Number
Title of	f Certifying Official	Name of shelter/program/center
Signatu	ure of Certifying Official	Date
SECT	TION IV: DEPENDENCY OVERRIDE	
circun to inq inforn	mstance that makes getting my parent informat quire about applying for a Dependency Over mation, or a parent's inability to financially con- tenuating circumstances for dependency status	erations apply to me, but I have an unusual family tion impossible – contact the Office of Financial Assistance rride. Please note: a parent's unwillingness to provide their ntribute, or the student's self-sufficiency, are not considered to soverrides.
By sig		reported on this form above is true, complete, and accurate to ng any false statement or misrepresentation will be cause for financial aid.
Stude	nt Signature	Date