

2016-2017 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.

INSTRUCTIONS: 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 Contra Costa College Office of Financial Assistance, 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.	If currently serving in the U.S. Armed Forces or are a
Armed Forces for purposes other than training	National Guards or Reserves enlistee who is on active duty,
	submit a signed letter from your commanding officer; orMilitary 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 you	Copy of both parents' death certificates and your birth
parents were deceased	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	Copy of official documentation from the court confirming
foster care	your status in foster care; or
	• Letter from county Independent Living Skills Program (ILSP)
	confirming your status in foster care.
	http://www.cccounty.us/Documentcenter/Home/View/4348 or by phone: 1 (925) 957-2404
At any time since you turned 13, you were	Copy of court documentation confirming your ward of the court
a ward of the court.	status; or
	Letter from the California Department of Social Services or the
	county social services department confirming your status as a wa
	of the court

You are or were an endefore you reach the ag	*	 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 c guardianship immediat the age of 18 in	ely before you reach	 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 detern on or after July 1, 201 unaccompanied youth or at risk of bein	4, that you were an who was 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	
		ON: To be completed by the high school/district homeless ional housing program, homeless youth basic center, or	
Print Name of Certifying Official		Phone Number	
Title of Certifying Official		Name of shelter/program/center	
Signature of Certifying Official		Date	
SECTION IV: DEPENDEN	NCY OVERRIDE		
circumstance that makes gett to inquire about applying for	ing my parent information or a Dependency Overric bility to financially contribute.	tions apply to me, but I have an unusual family impossible – contact the Office of Financial Assistance de. Please note: a parent's unwillingness to provide their libute, or the student's self-sufficiency, are not considered to verrides.	
SECTION IV: STUDENT	CERTIFICATION		
	understand that providing	ported on this form above is true, complete, and accurate to g any false statement or misrepresentation will be cause for ancial aid.	
Student Signature		 Date	