

2017-2018 Independent Status Certification

Name:	SID#:
your education dependent or in	t aid programs are based on the concept that it is primarily your and your family's responsibility to pay for . Your answers to questions on the financial aid application determine whether you are considered a ndependent student. Students cannot be considered independent for any of the following reasons: not parent, not being claimed by your parent on tax forms, parent's refusal to provide their information, or elf-sufficiency.
conditions, which must certify yo	On your financial aid application, you indicated that you qualify for one of the special independency ch is the only method qualifying you as an independent student for financial aid purposes. As a result, we our independent status. Please complete the information below and return to the Financial Aid Office, required documentation to verify your status (as indicated below).
SECTION I: INDI	EPENDENT STATUS ELIGIBILITY
-	pox for the status that applies to you and attach the required documentation.
Accepta	ly serving on active duty in U.S. Armed Forces for purposes other than training. able Documentation Options: If currently serving in the U.S. Armed Forces or National Guard or Reserves enlistee who is on active duty, submit a signed letter from your commanding Officer or Military unit 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 t	ime since you turned 13, both of your parents were deceased. Copy of both parent's death certificates and your birth certificate. If one parent is deceased and the other parent's whereabouts are unknown, please review <u>section III.</u>
☐ At any t • •	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. To contact go to www.cccounty.us/Documentcenter/Home/View/4348 or by phone: 1 (925) 957-2404
☐ At any ti	ime 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	cor were an emancipated minor before you reached 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.

You are or were in a court ordered legal guardianship in your state.	p immediately before you reached the age of 18		
 Copy of the emancipation documentation from the court 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. 			
 Department of Housing and Urban Develops The director of a runaway and homeless base If you attended school in the Mt. Did 	r transitional housing program funded by the U.S. ment sic center or transitional living program:		
attended school in another district, p	please contact that school's District Office.		
SECTION II: HOMELESSNESS CERTIFICATION To be completed by the high school/district homeless liaison, program, homeless youth basic center, or transitional living	, or the director of an emergency shelter, transitional housing program.		
Print Name of Certifying Official	Phone Number		
Title of Certifying Official	Name of Shelter/Program/Center		
Signature of Certifying Official	Date		
makes getting my parental information impossible. Contact Dependency Override. Please note: a parent's unwillingn	oply to me, but I have an unusual family circumstance that ct the Financial Aid Office to inquire about applying for a ness to provide their information, or a parent's inability to not considered to be unusual circumstances for dependency		
SECTION IV: STUDENT CERTIFICATION By signing below, I certify that all the information reported of understand that providing any false statement or misrepressed aid.			
Student signature	Date		