Dependency Status Guidelines

According to federal regulations, the Department of Education determines whether you are considered dependent on your parents or independent of your parents.

- If you are considered dependent, your parents’ income and assets as well as your own must be reported on the Free Application for Federal Student Aid (FAFSA).

- If you are independent, you will report only your income and assets. Not living with your parents and parent refusal to share federal income tax and/or assets information do not make you an independent student.

Applicants are considered independent when any of the following are met:

1. Student is 24 years of age.
2. Student is married.
3. Student is working on a master’s or doctorate program.
4. Student is currently serving on active duty in the U.S. Armed Forces for purposes other than training.
5. Student is veteran of the U.S. Armed Forces.
6. Student has children who will receive more than half of their support from student.
7. Student has dependents (other than children or spouse) who live with student and who receive more than half of their support from student.
8. Student’s parents are deceased, student was in foster care or student was a dependent or ward of the court.
9. Student is or was an emancipated minor as determined by a court in your state of legal residence.
10. Student is in or was in legal guardianship as determined by a court in your state of legal residence.
11. Student’s high school or school district homeless liaison determined he/she were an unaccompanied youth who was homeless.
12. The director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determined that student was an unaccompanied youth who was homeless.
13. The director of a runaway or homeless youth basic center or transitional living program determined that student were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless.

Use of Professional Judgment
The Financial Aid Office may use professional judgment to change your dependency status if circumstances warrant it based on the documentation you provide. If you would like for the Financial Aid Office to review your dependency status because you have extenuating circumstances, please review and complete this packet.

You will be notified in an email regarding the decision of your request. The final decision is based on judgment made by the Financial Aid Office and is considered final. Decisions cannot be appealed to the U.S. Department of Education.
Gavilan College – Financial Aid Office
Student Request for Review of Dependency Status

Aid Year: _____________________________

Name:________________________________________  Gavilan ID:____________________
SSN:__________________________________  Age:_______  Date of Birth:__________________
Address:__________________________________  City/State:__________________  Zip:_________

1. Is your mother living? Yes___ No___
   a. Mother’s name:_______________________________________________
   b. Where does your mom live?_____________________________________
   c. Is your mom a citizen or permanent resident of the U.S?  Yes___ No___

2. Is your father living? Yes___ No___
   a. Father’s name:_______________________________________________
   b. Where does your father live?_____________________________________
   c. Is your father a citizen or permanent resident of the U.S?  Yes___ No___

3. Are your biological parents still married to each other? Yes____ No_____  
   a. If not, what year did they separate/divorce?____________

4. Which parent did you live with last?  Mother_____  Father_____  

5. When did you leave your parent's household? __________________________

I hereby certify that the above information contained in this statement is true and correct. I further understand this request is a one – year request and that if approved, I am approved for the aid year listed above.

________________________________________________________ ______________________
Student Signature         Date

STUDENT: Prepare a typed statement. Include following information:

• Include your name, Gavilan ID.

• Describe the nature of your unusual circumstance that you feel makes it unhealthy or impossible for your parents to complete the parental information on the FAFSA.

• Attach any documentation that will substantiate your compelling circumstances. This could be copies of legal documents, letters from church or school officials, letters from therapists or family counselors, medical records etc.

• Sign typed statement before submitting to Financial Aid.
Support for Request of Dependency Review

To be completed by someone who is aware of your circumstances such as:
  Law enforcement official, Minister, Social Worker, High School Counselor or Teacher.

Student:____________________________________________

The student named in this form has applied for financial aid at Gavilan College and has indicated that she/he is unable to provide parental information due to extenuating circumstances. The student named above indicates you are knowledgeable of situation and can provide a typed statement to document this.

INSTRUCTIONS for LETTER OF SUPPORT:

Provide typed statement on agency letterhead with the following information:

- Your relationship to the student
- Your name and contact information
- Information regarding your knowledge of the student’s history as it relates to his/her statement.
- Your signature on typed statement
- Attach a business card with your statement.

SIGNATURE by OFFICIAL:

My signature indicates I certify the information I am submitting on behalf of student is true and accurate. I understand I may be contacted to discuss this information in more detail.

_________________________________________________________  _______________
Signature          Date
Financial Aid Office Review

Student Name: _____________________________________  Gavilan ID: ______________________

Aid Year: _______________________________________

Decision:

☐ Approved

   FAFSA submitted via FAA Access on:_____________________   EFC = __________

☐ Denied

Comments regarding denial:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Staff Signature _______________________________________________  Date ____________________