



**SANTA ANA**  
**COLLEGE**

Financial Aid  
1530 W. 17th St.  
Santa Ana, CA 92706  
2023-2024

Name of Financial Aid Applicant (Please print)

Last

First

Middle

Student ID Number: \_\_\_\_\_

## REQUEST FOR CONSIDERATION OF A CHANGE IN DEPENDENCY STATUS

Eligibility for assistance is based on the premise that students and their parents share the primary responsibility for paying for higher education. If the directions on your financial aid application require you to provide parents' information, then you are considered a dependent student for financial aid purposes. In extreme hardship cases, the Financial Aid Office may be able to assist a student who is technically dependent, but who has *unique and extenuating circumstances* that prevents contact with his/her parents.

**This will apply to situations where the student's physical or emotional welfare is jeopardized by contact with the parents. In such cases, the student must complete this form and provide written documentation from a third party professional.**

### DIRECTIONS:

- ✓ Complete the student section on the FAFSA. Do not submit the FAFSA yet.
- ✓ See a third party professional to verify and document your situation.
- ✓ Make an appointment with a Financial Aid Analyst in the Financial Aid Office. Bring this form, the attachment and a completed FAFSA application with you. Bring your income information with you so your FAFSA can be checked for accuracy.

### SECTION I: TO BE COMPLETED BY STUDENT

Student's Name: \_\_\_\_\_

SS No: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

Parents: **Parent 1:** \_\_\_\_\_

**Parent 2:** \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

1. When was the last time you lived with your parents? Parent 1: \_\_\_\_\_  
Parent 2: \_\_\_\_\_
2. When was the last time you had any contact with your parents? Parent 1: \_\_\_\_\_  
Parent 2: \_\_\_\_\_
3. When did your parents last provide you with any form of support? Parent 1: \_\_\_\_\_  
Parent 2: \_\_\_\_\_
4. What are your present living arrangements? *Explain who you have lived with since you left your parent(s) home and how much rent you currently pay, and since what date?*  
\_\_\_\_\_  
\_\_\_\_\_

5. Explain how you support yourself and pay your living expenses, transportation expenses, college expenses?
6. In your own words, **describe the unusual circumstances**, events, family situation, which have lead to separation, and estrangement from your parents, causing you to lose contact with them and requiring you to be on your own and self supporting.

I CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT AND I UNDERSTAND THAT IT WILL BE USED TO OVERRIDE FEDERAL DEPENDENCY DETERMINATION REGARDING MY DEPENDENCY STATUS. I UNDERSTAND THAT IF I MOVE BACK WITH MY PARENT (S), OR RECEIVE SUPPORT FROM THEM, I MUST REPORT THIS IMMEDIATELY TO THE FINANCIAL AID OFFICE.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION II: TO BE COMPLETED BY THIRD PARTY PROFESSIONAL - Examples of third party professionals include such persons as teachers, counselors, clergy, social workers, social service personnel, court officials, and police officers.**

The information provided by the student must be verified by a third party professional, who is aware of the student's situation, and can corroborate the facts presented. As the third party professional, **you will need to provide a written statement that supports the situation described by the student.** The statement should include a clear description of the student's special or unusual circumstances and an explanation of how you have knowledge of this situation.

**Third Party Professional:** Please attach your statement to this form and sign the following certification.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS TRUE AND I HAVE ATTACHED A WRITTEN STATEMENT SUPPORTING THE STUDEN'TS UNUSUAL CIRCUMSTANCES STATED ABOVE.

Signature \_\_\_\_\_ Agency/Organization \_\_\_\_\_  
Name (print) \_\_\_\_\_ Address \_\_\_\_\_  
Title \_\_\_\_\_ City/State \_\_\_\_\_  
Date \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship to Student \_\_\_\_\_

**SECTION III: TO BE COMPLETED BY FINANCIAL AID COMMITTEE**

<b>PRESENTED TO THE COMMITTEE ON:</b> _____		<b>By:</b> _____
Date		Analyst's Name
<b>PROFESSIONAL JUDGMENT DECISION:</b> This student is: _____ INDEPENDENT _____ DEPENDENT		
Rationale for Decision: _____		
_____		
_____		
_____		
_____		
Staff Signature	Title	Date

It is the policy of the RSCCD to fully comply with the requirements of the Americans with Disabilities Act. (BP 5140) Consistent with that policy, this material is available in alternative formats (such as accessible electronic text). Such materials and other disability accommodations will be provided as needed for program access upon request. Please contact the Financial Aid Office: [financial\\_aid@sac.edu](mailto:financial_aid@sac.edu), 714-564-6242 for needed accommodations or alternate formats.