

**RETURN TO:**

Mt. San Antonio College  
Financial Aid Office  
1100 N. Grand Avenue  
Walnut, CA 91789

**MT. SAN ANTONIO COLLEGE  
FINANCIAL AID OFFICE**

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**2017-2018 CHANGE OF DEPENDENCY REQUEST FORM**

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Eligibility for assistance is based on the assumption that student and their parent(s) are primarily responsible for paying for education. If the instructions on your Free Application for Federal Student Aid (FASFA) instruct you to provide parents' information, then by law you are dependent on your parent(s). In extreme hardship cases, the Financial Aid Office may be able to assist a student who is technically dependent, but who does not or cannot have contact with his/her parent(s). This will apply to situations where the students' physical or emotional welfare is jeopardized by contact with the parent(s). In such cases, the student must complete this form and attach written documentation from a third party professional (e.g., minister, psychologist, social worker, etc.). The Third Party Certification form is included. **Form must be completed in blue or black ink.**

**NOTE: A parent's unwillingness to provide information is not sufficient grounds for performing a change in dependency status. Ask to speak to a Financial Aid Specialist to inquire about resources available for students whose parent(s) are unwilling to provide information.**

**Submit both the Request for Change in Dependency Status and the Third Party Certification to the Financial Aid Office. Do not mail this form or submit to the Financial Aid Office until you have seen the Financial Aid Specialist on duty. A Specialist is available Monday – Thursday, 8:00 am – 6:30 pm, and Friday, 8:00 am – 4:00 pm.**

Student's Name: \_\_\_\_\_ Mt. SAC ID #: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Biological Parents:	<u><b>Mother</b></u>	<u><b>Father</b></u>
Name:	_____	_____
Address:	_____	_____
Phone #:	_____	_____

1. What are your present living arrangements (who do you live with, how much rent do you pay each month?) and since what date?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How do you support yourself and meet your living expenses?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- |  |            |                           |            |
|--|------------|---------------------------|------------|
| 3. When was the last time you lived with your <b>father</b> ?            | _____      | With your <b>mother</b> ? | _____      |
|  | Month/Year |                           | Month/Year |
| 4. When was the last time you had any contact with your <b>father</b> ?  | _____      | With your <b>mother</b> ? | _____      |
|  | Month/Year |                           | Month/Year |
| 5. When did your <b>father</b> last provide any form of support for you? | _____      | With your <b>mother</b> ? | _____      |
|  | Month/Year |                           | Month/Year |

**PLEASE COMPLETE THE BACK OF THIS FORM. AN INCOMPLETE PETITION WILL DELAY THE FINANCIAL AID PROCESS OR COULD BE JUST CAUSE FOR DENIAL OF THIS PETITION.**

6. Reasons for Dependency Override Request: Please summarize your situation explaining why are you unable to obtain parent information. (Attach additional sheets if necessary.)

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**Additional Documentation Required:**

The above information must be verified and documented by a third party professional who is aware of your situation and can certify the facts you present (**Third Party Certification** form is included). Examples of such persons would include clergy, social workers, or other social services personnel, court officials, teachers, counselors and police officers.

I understand that by signing this form I agree, if asked, to provide information that will verify the accuracy of the completed form. Also, I certify that I understand that **Mt. San Antonio College's Financial Aid Office has the authority to verify information reported on this form with other federal and state agencies**. I further understand that if I purposely give false or misleading information, I may be fined up to \$20,000, sent to prison, or both.

***I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT AND I UNDERSTAND THAT IT WILL BE USED TO OVERRIDE FEDERAL REGULATIONS REGARDING MY DEPENDENCY STATUS.***

***I FURTHER UNDERSTAND THAT IF I MOVE BACK WITH MY PARENTS OR RECEIVE ANY KIND OF SUPPORT FROM THEM, I MUST REPORT THIS TO THE FINANCIAL AID OFFICE IMMEDIATELY.***

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
*Date*

**FOR OFFICE USE ONLY**

☐ Approved

☐ Denied

Comments: \_\_\_\_\_

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\_\_\_\_\_  
FA Specialist Signature

\_\_\_\_\_  
Date

**To the student:** Please give this form to someone who knows your situation well, such as clergy, social worker, or other social services personnel, court official, teacher, counselor, or police officer.

Date of Birth

[illegible]

**I certify that the above statement is true and correct to the best of my knowledge.**

How long have you known the student?