



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

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

2017-2018 CONFIRMATION OF DEPENDENCY STATUS

Form must be completed in blue or black ink

Student's Name: _____

Mt. SAC ID #: _____

According to our records, you indicated on the 2017-2018 Free Application for Federal Student Aid (FAFSA)/CA Dream Act that you are an independent student because you met one of the following criteria. Please **submit supporting documentation required** for the selected criteria to Mt. San Antonio College's Financial Aid Office, as indicated below:

<input checked="" type="checkbox"/>	Independent Status Eligibility Criteria (check one)	Supporting Documentation Required
<input type="checkbox"/>	At some point since you turned 13, both your parents (biological or adoptive) were deceased, even if you are now adopted	Copy of parents' death certificate(s)
<input type="checkbox"/>	At some point since you turned 13, you were in foster care, even if you are no longer in foster care today	Copy of official documentation from the court confirming your status in foster care
<input type="checkbox"/>	At some point since you turned 13, you were a dependent/ward of the court, which 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. You were removed from your parent's custody for your protection.	Copy of official documentation from the court confirming your status as a dependent/ward of the court
<input type="checkbox"/>	At the time you completed the FAFSA, you were an emancipated minor or you were an emancipated minor immediately before you reached age of being an adult in your state	Copy of the emancipation documentation from the court confirming your status and the effective date(s) of the status
<input type="checkbox"/>	At the time you completed the FAFSA, you were in a court ordered legal guardianship or you were in a court ordered legal guardianship immediately before you reached age of being an adult in your state	Copy of the court documentation confirming your status in a legal guardianship and the effective date(s) of that legal guardianship status
<input type="checkbox"/>	At anytime on or after July 1, 2016, you received a determination from your high school or school district homeless liaison that you were an unaccompanied youth who was homeless	Copy of the determination documentation from the high school or school district homeless liaison confirming this status
<input type="checkbox"/>	At anytime on or after July 1, 2016, you received a determination from the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development (HUD) that you were an unaccompanied youth who was homeless	Copy of the determination documentation from the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development confirming this status
<input type="checkbox"/>	At anytime on or after July 1, 2016, you received a determination from the director of a runaway or homeless youth basic center or transitional living program that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless	Copy of the determination documentation from the director of a runaway or homeless youth basic center or transitional living program confirming this status
<input type="checkbox"/>	None of the above apply to my situation	

Certification and Signature:

By signing this worksheet, you certify that all information reported on this worksheet is complete and correct. If you purposely give false or misleading information, you may be fined, sentenced to jail, or both.

Student's Signature: _____

Date: _____

*** PLEASE ATTACH SUPPORTING DOCUMENTATION TO THIS FORM AND KEEP A COPY FOR YOUR RECORDS ***