2015-2016 DEPENDENCY STATUS FORM

On the FAFSA, you answered “yes” to a question that excludes you from having to provide parental information. Complete this form by checking the box that best describes your situation and complete the Student Certification Section. Documentation is required to verify your status.

☐ Check this box if you made an error on your FAFSA. At least one of my parents is living and I am not a ward/dependent of the court, orphan or other category of person as described below. If you check this box, please return to www.fafsa.gov and have your parent(s) provide their information on your FAFSA.

☐ Check this box if at any time since you turned age 13, both your parents were deceased, you were in foster care or you were a dependent or ward of the court. Please provide the documentation for your situation as described below:
  - You had no living parent (biological or adoptive); or
  - You were in foster care, even if you are no longer in foster care today; or
  - You were a dependent or ward of the court, even if you are no longer a dependent or ward of the court today. For federal student aid purposes, a ward of the court is not someone who is incarcerated.

☐ Check this box if a court in your state of legal residence determined you are or were an emancipated minor.
  - Provide a copy of a court’s decision that as of the date you signed the FAFSA you are an emancipated minor.
  - Provide a copy of a court’s decision that you are an emancipated minor prior to reaching the age of being an adult in your state.

☐ Check this box if a court in your state of legal residence determined you are or you were in legal guardianship.
  - Provide a copy of a court’s decision that as of the date you signed the FAFSA you are in legal guardianship.
  - Provide a copy of a court’s decision that you were in legal guardianship immediately before you reached the age of being an adult in your state. NOTE: The court must be located in your state of legal residence at the time the court’s decision was issued.

HOMELESS OR UNACCOMPANIED YOUTH

  - “Homeless” means you lacked fixed, regular and adequate housing, and you lived in shelters, motels or cars, or temporarily lived with other people because you had nowhere else to go.
  - “Unaccompanied” means you are not living in the physical custody of your parent or guardian.
  - “Youth” means that you are 21 years of age or younger or you are still enrolled in high school as of the day you signed the FAFSA.

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HOMELESS OR UNACCOMPANIED YOUTH Continued

☐ Check this box if at any time on or after July 1, 2014, your high school or school district homeless liaison, a director of an emergency shelter, or transitional housing program funded by the U.S. Department of Housing and Urban Development determined that you were an unaccompanied youth who was homeless. Attach documentation from the homeless liaison or director that verifies your status.

☐ Check this box if at any time on or after July 1, 2014, a director of a runaway or homeless youth basic center or transitional living program determined that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless. Attach documentation from the director of the center/program that verifies your status.

OR, IF NONE OF THE ABOVE APPLY TO YOU:

☐ Check this box if you unusual family circumstances. As a result, you do not have contact with your parents. Attach a detailed letter explaining your situation, and include two letters of support from professionals who have counseled you regarding your situation (i.e. psychotherapists, school counselors, or members of the clergy). A police report or court document will be accepted in lieu of one of the letters of support. The Financial Aid Office will review the documents and determine your dependency status. Parental information may be required.

If you have difficulty with any of these requirements, please contact the Financial Aid Office for help.

STUDENT CERTIFICATION

I certify that that all reported information is complete and accurate to the best of my knowledge. WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student Signature __________________________________________ Date ______________

E-mail Address ___________________________________________ Daytime Telephone # ____________________

Return this form to the Cal Maritime Financial Aid Office.
We do not accept forms by email.