



Long Beach City College  
FINANCIAL AID PROGRAMS

APPOINTMENT	
Date:	_____
Time:	_____
Counselor/Advisor:	_____

## Request for Change in Dependency Status

Name: \_\_\_\_\_ LBCC ID # \_\_\_\_\_  
Last First, M.I.

Email: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

### Please read the instructions before completing this form.

Instructions: You are requesting a review of your dependency status for financial aid purposes. Please check one of the boxes that applies to your situation and attach supporting documentation to this form, if applicable. After submitting this form, a Financial Aid Advisor may follow-up with you to schedule an appointment if additional information is needed.

### Check Box Applicable to Your Situation – Select Only One

- A change in your marital status after submitting your FAFSA (**complete section # 1 below**)
- An abusive (mental, physical, sexual, etc.) home situation with your parents (**complete section # 2 below**)
- You are an unaccompanied homeless youth, or at risk of being homeless (**complete section # 3 below**)

### Section # 1: Change in Marital Status

My change in marital status is due to:  Marriage  Divorce  Other:

The date of change in marital status:

My current income per month is:

Source of Income:

My spouse's income per month is:

Source of income:

- Please attach proof of change in marital status (marriage license / divorce decree, etc.).
- Please attach proof of income (pay stubs / tax transcript, etc.).
- Skip section #2 and #3, sign form, and submit to the Financial Aid Office through the following link:  
[https://lbccd-my.sharepoint.com/%3Af%3A/g/personal/0523748\\_lbcc\\_edu/EuNR3VpLfv5Npbe11f0-08BrvgpoUjvhbFp9Lvvi3gpw](https://lbccd-my.sharepoint.com/%3Af%3A/g/personal/0523748_lbcc_edu/EuNR3VpLfv5Npbe11f0-08BrvgpoUjvhbFp9Lvvi3gpw)

### Section # 2: Abusive Home Situation with Parents

Financial Aid offices are given authority to deem students independent if the student has an **abusive home situation with parents**. Under this authority, dependent students may be deemed independent of their parents as a result of Physical, sexual, or emotional abuse or other adverse home situations.

Please note, students **cannot** be made independent because:

- Their parents refuse to provide the information needed in Step Four of the FAFSA or their parents refuse to provide copies of their tax return transcripts.
- They are not living with their parents.
- Their parents do not support them or claim them on their tax return.
- They have no contact with their parents.
- They are completely self-supporting.

## Section # 2: Instructions

Please complete and submit the items listed below:

- Answer questions below regarding your parents, financial support received and current income.
- Complete the student statement describing your current home situation and relationship with your parents. All information submitted to the Financial Aid Office is confidential.
- Please attach third-party documentation of your abusive home situation. Acceptable third-party documentation would be a letter from a minister, counselor, adult family member, or other adult who knows you and your family.
  - Please check this box if you do not have third-party documentation of your abusive home situation. If so, please complete **section #3** of the application below.
- Sign form and submit to the Financial Aid Office through the following link: [https://lbccd-my.sharepoint.com/%3Af%3A/g/personal/0523748\\_lbcc\\_edu/EuNR3VpLfv5Npbe11f0-08BrvgpoUjvhbFp9Lvvi3gpw](https://lbccd-my.sharepoint.com/%3Af%3A/g/personal/0523748_lbcc_edu/EuNR3VpLfv5Npbe11f0-08BrvgpoUjvhbFp9Lvvi3gpw)

## Section # 2 - Parents and Financial Support Questions

When did you last live with your parents? (month/year)

When was your last contact with your parents? (month/year)

Do you currently receive financial support from your parents?  Yes  No

- If no, when was the last time you received support? (month/year)
- If yes, please describe the kind of financial support you receive. Include cash, gifts, medical insurance, room and board, etc.

What is your current income per month?

Source of Income:

## Section # 2 - Student Statement

Please describe your home situation and your relationship with your parents in enough detail to determine if an abusive or otherwise adverse home situation is present. Attach additional sheet if necessary:

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### Section #3: Unaccompanied Homeless Youth or At-Risk for Homelessness

Unaccompanied means not living with a parent or guardian. Homeless means lacking fixed, regular, and adequate housing. Youth is defined as **21 years of age or younger**. At-risk of homelessness refers to students whose housing may cease to be fixed, regular, and adequate.

### Section #3: Instructions

- Answer questions below regarding your current housing situation.
- Sign form and submit to the Financial Aid Office through the following link: [https://lbccd-my.sharepoint.com/%3Af%3A/g/personal/0523748\\_lbcc\\_edu/EuNR3VpLfv5Npbe11f0-08BvrgpoOujvhbFp9Lvvi3gpw](https://lbccd-my.sharepoint.com/%3Af%3A/g/personal/0523748_lbcc_edu/EuNR3VpLfv5Npbe11f0-08BvrgpoOujvhbFp9Lvvi3gpw)

### Section #3: Unaccompanied Homeless Youth or At-Risk for Homelessness

In which of the following situations do you currently reside (you may choose more than one):

- Motel
- Car
- Campsite
- Shelter or other temporary housing program
- Inadequate housing (housing that is insufficient to meet the physical and psychological needs typically met in a home environment)
- Temporarily staying with other because you have nowhere else to go

If staying with others, check all that apply:

- Loss of housing
- Economic hardship and unable to secure and maintain a fixed, regular and adequate place to live.
- Other – including when it is not safe for you for you to live with a parent or guardian, when a parent or guardian has forced you to leave home, and other situations of abuse or conflict.

### Student Certification and Signature

I hereby certify that all information submitted on this form is true and correct.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

- Approved
- Denied

Comments:

\_\_\_\_\_  
Financial Aid Advisor or Homeless Liaison Name and Signature

\_\_\_\_\_  
Date