



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 following before completing this form.

Instructions: You are requesting a review of your dependency status for financial aid purposes. The reasons for this could be:

- An adverse or antagonistic relationship with your parents (Option # 1)
- Your status as an unaccompanied, homeless youth who doesn't meet the FAFSA definition in questions # 55 – 57 or can't provide the required documentation (Option # 2)
- A change in your marital status after submitting your FAFSA (Option # 3)

Complete only one option. After completing this form, schedule an appointment with a Financial Aid Counselor or Advisor. Please bring documentation for all information given on this form to your appointment.

Option # 1: Adverse Relationship with Parents

Students who answer 'NO' to all seven dependency questions in Step Three of the FAFSA are considered to be dependent for financial aid purposes. These students must provide their parents' information in Step Four.

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.

Financial Aid offices are given the authority to make students independent by professional judgment if the student is from an **adverse home situation**. Under this authority, dependent students may be independent as a result of:

- Physical, sexual, or emotional abuse
- Other adverse home situations

The purpose of this form is to document the home situation of a student who wants to petition to be independent. If you feel that you are from an adverse home situation, please do the following:

1. Complete the Student Statement and answer the questions on page 2 describing your current relationship with your parents and your current income.
2. Ask someone who knows your family situation well to complete the Third Party Certification on page 3. It could be a minister, counselor, adult family member, or other adult who knows you and your family. Ask this person to describe the relationship between you and your parents, giving us enough detail to make a determination as to whether it is an adverse situation or not. It cannot be completed by another LBCC student. If you have no one else to complete the Third Party Certification, you will need to discuss that with the Financial Aid Counselor / Advisor at your appointment.

Please be assured that any information that you submit to us will be kept in the strictest confidence and will only be used to determine your financial aid status.

Option #2: Unaccompanied Homeless Youth

Youth is defined as **21 years of age or younger or still in high school**. Unaccompanied means not living with a parent or guardian. Homeless means lacking fixed, regular, and adequate housing. Please answer the following questions in detail prior to your appointment with a Financial Aid Counselor or Advisor to help him or her make this determination.

Where are you currently living? Is this temporary or permanent? Please explain. _____

How long have you been staying there? Why are you staying there? _____

Do you stay in one place? Do you move around a lot? _____

Where were you living immediately prior to this place? For how long? Why did you leave? _____

Are you looking for another place? Where would you go if you couldn't stay at this place? _____

Describe your relationship you're your parents. How often do you interact? Do they provide any support? _____

Option #3: Change in Marital Status

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

The date of this change was: _____ Date I completed 2018-2019 FAFSA: _____

My current income is \$ _____ per month Source of Income: _____

My income in 2016 was \$ _____ annually Source of Income: _____

Proof of the change in marital status (marriage license / divorce decree) as well as income (pay stubs / tax transcript) will be required at your appointment.

Student Signature

Date

FOR OFFICE USE ONLY

Approved

Denied

Comments: _____

Counselor / Advisor Signature

Date