

MOORPARK • OXNARD • VENTURA
FINANCIAL AID OFFICE

2016-2017 VERIFICATION OF DEPENDENCY FORM

STUDENT'S NAME _____

STUDENT ID # _____

The Financial Aid Office has determined that you answered YES to one or more of the following questions on your FAFSA or CA Dream Act Application. Your status as an Independent student has been based solely on your response to these questions and it is required that you confirm and/or verify your status. If you answer NO to the dependency questions below, you must make corrections to your FAFSA or CA Dream Act Application and, if required, provide your parent's information and signature on your application.

☐ **I do not meet the criteria listed below. I made an error on my application. I am aware that if this is the only factor making me independent, I must have my parent(s) complete the parent section of the FAFSA or CA Dream Act Application in order for my application to be processed.**

MASTER'S OR GRADUATE PROGRAM VERIFICATION

Master's and doctorate programs are higher education programs (such as an MA, MBA, MD, JD, PhD, EdD, graduate certificate, etc.).

At the beginning of the school year, will you have your **bachelor's degree**? Yes ☐ No ☐

At the beginning of the school year, will you be working on a **master's or doctorate program**? Yes ☐ No ☐

If you will be working on a master's or graduate program, indicate school: _____

DEPENDENTS OTHER THAN YOUR CHILD/SPOUSE

These dependents are people other than your child or spouse who live with you (not your parents), will continue to live with you, and will continue to receive your financial support through June 30, 2017.

Do you have dependents who live with you and **receive more than half of their support from you**? Yes ☐ No ☐

If yes, please complete the following:

Name	Age	Relationship

DECEASED PARENTS VERIFICATION

Deceased parent means that you have no living parent (biological or adoptive).

Since you turned 13, are both your parents deceased (biological or adoptive)? Yes ☐ No ☐
Attach death certificates for both parents.

FOSTER CARE VERIFICATION

You have reported on your application that since you turned age 13, you were in foster care.

Were you in **foster care** at any time since you turned 13 years old? Yes ☐ No ☐
Attach a court document or letter from your social worker verifying this status.

MOORPARK • OXNARD • VENTURA
FINANCIAL AID OFFICE

WARD OF THE COURT VERIFICATION

You are considered a Ward of the Court if your parent(s) were unable to care for you as a minor, the state or court took legal custody of you, and you were removed from the custody of your parent(s) for your protection. **Note: For federal student aid purposes, someone who was incarcerated is not considered a Ward of the Court.**

At any time since you turned age 13, were you a **Dependent or Ward of the Court**?

Yes
☐

No
☐

Attach a court document or letter from your social worker verifying this status.

EMANCIPATED MINOR / LEGAL GUARDIANSHIP

The court must be located in your state of legal residence at the time the court's decision was issued. The court's decision must still be in affect if you are still a minor or must have been in effect at the time you became an adult.

Are you or were you an **emancipated minor** as determined by a court in your state of legal residence?

Yes
☐

No
☐

Are you or were you in **legal guardianship** as determined by a court in your state of legal residence?

☐

☐

Attach a court document verifying either status above.

HOMELESS VERIFICATION

"Homeless" means lacking fixed, regular and adequate housing, which includes living in shelters, motels or cars, or temporarily living with other people because you were unable to find adequate housing.

"Unaccompanied" means you are not living in the physical custody of your parent or guardian.

"Youth" means you are 21 years of age or younger or you are still enrolled in high school as of the day you signed the FAFSA/Dream Act.

At any time on or after July 1, 2015, did your **high school or school district homeless liaison** determine that you were an unaccompanied youth who was homeless? Yes ☐ No ☐

At any time on or after July 1, 2015, did the **director of an emergency shelter or transitional housing program funded by the US Department of Housing and Urban Development** determine that you were an unaccompanied youth who was homeless? Yes ☐ No ☐

At any time on or after July 1, 2015, did the **director of a runaway or homeless youth basic center or transitional living program** determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless? Yes ☐ No ☐

➤ **If you answered "yes" to any of the questions above, attach documentation to this form and submit.**

➤ **If you marked "no" to the questions above but believe you are an unaccompanied youth who is homeless or are an unaccompanied youth providing for your own living expense that is at risk of being homeless, please visit the Financial Aid Office to discuss this matter.**

CERTIFICATION OF SIGNATURES

The student must sign and date.

WARNING: If you purposely give false or misleading information on this worksheet you may be fined, be sentenced to jail, or both. If the Financial Aid Officer determines or suspects fraud or forgery all information will be forwarded to the Dean of Student Services, the Office of Inspector General of the Department of Education, and/or the local law enforcement agency.

STUDENT SIGNATURE

DATE