



**REQUEST FOR CONSIDERATION OF A CHANGE IN DEPENDENCY STATUS**  
**2008-09**

Mt. San Antonio College  
Financial Aid Office  
1100 N. Grand Ave.  
Walnut, CA 91789  
(909) 594-5611 x4450

Eligibility for assistance is based on the assumption that students and their parents are primarily responsible for paying for education. If the instructions on your financial aid application instruct you to provide parents' information, then by law you are dependent on your parents. In extreme hardship cases, the Office of Financial Aid may be able to assist a student who is technically dependent, but who does not or cannot have contact with his/her parents. This will apply to situations where the students' physical or emotional welfare is jeopardized by contact with the parent. In such cases, the student must complete this form and attach written documentation from a third party professional (e.g., minister, psychologist, social worker, etc.). The Third Party Certification form is attached.

**NOTE: A parent's unwillingness to provide information is not sufficient grounds for performing a change in dependency status.**

Submit both the Request for Change in Dependency Status and the Third Party Certification to the Financial Aid Office. To expedite your request, ask to speak to the Financial Aid Specialist on duty. A Specialist is available Monday – Thursday, 8:00 am – 5:30 pm, and Friday, 8:00 am – 4:00 pm.

Student's Name: \_\_\_\_\_ Mt. SAC ID#: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Biological Parents: Mother Father

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

1. What are your present living arrangements (who do you live with, how much rent do you pay each month?) and since what date?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How do you support yourself and meet your living expenses?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. When was the last time you lived with your **father**? \_\_\_\_\_ With your **mother**? \_\_\_\_\_  
Month/Year Month/Year

4. When was the last time you had any contact with your **father**? \_\_\_\_\_ With your **mother**? \_\_\_\_\_  
Month/Year Month/Year

5. When did your **father** last provide any form of support for you? \_\_\_\_\_ Your **mother**? \_\_\_\_\_  
Month/Year Month/Year

**PLEASE ALSO COMPLETE THE BACK OF THIS FORM. AN INCOMPLETE PETITION WILL DELAY THE FINANCIAL AID PROCESS OR COULD BE JUST CAUSE FOR DENIAL OF THIS PETITION.**





THIRD PARTY CERTIFICATION

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To the student: Please give this form to someone who knows your situation well, such as clergy, social worker, or other social services personnel, court official, teacher, counselor, or police officer.

Student's Last Name, First Name Mt. SAC ID Number Date of Birth

Please describe the above student's home situation and relationship with his/her parents in enough detail for the Financial Aid Office at Mt. San Antonio College to determine if there is an adverse home situation.

Multiple horizontal lines for text entry.

(Attach additional sheets if needed)

I certify that the above statement is true and correct to the best of my knowledge.

Third Party Signature, Date, Third Party Printed Name, Telephone Number, Address, City, State, and Zip Code, Relation to Student, How long have you known the student?