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CAMPUS: INITIAL: _____

C D E OM

2021 – 2022: Proof of Independent Status Form

Name: _____ CCBC ID: _____

SECTION A: CIRCUMSTANCES (select one)

You reported on the FAFSA that one of the following circumstances applies to you. For your request to be considered, you must mark the **ONE** status that pertains to you, answer all corresponding supplemental questions, submit all required documentation, and sign the form.

At any time since you turned 13, BOTH BIOLOGICAL OR ADOPTIVE PARENTS WERE DECEASED

Required Documentation	<ul style="list-style-type: none"> Attach a copy of your birth certificate. Attach a copy of the death certificate for each parent. Attach copy of legal adoption documentation, if applicable.
Required Supplemental Questions	1. Were you legally adopted? ___ No ___ Yes *If yes, provide age at adoption: _____

At any time since you turned 13, you were in *FOSTER CARE*

Required Documentation	<ul style="list-style-type: none"> Attach a copy of legal documentation from the court of your state of legal residence or social service agency indicating when you were placed in foster care. Attach copy of legal adoption documentation, if applicable.
Required Supplemental Questions	1. Provide age when you were placed in foster care: _____ 2. Provide dates you were in foster care: From _____ / _____ To _____ / _____ <div style="margin-left: 100px;">MM / YYYY MM / YYYY</div> 3. Were you legally adopted? ___ No ___ Yes *If yes, provide age at adoption: _____

You are/were in court-appointed LEGAL GUARDIANSHIP (not custody)

Required Documentation	<ul style="list-style-type: none"> Attach copy of court papers, signed by a judge, verifying that someone other than your parent was appointed as your legal guardian (<u>not</u> custodian). Attach documentation showing that you were still with your guardian at the "age of majority" (usually 18). Documentation may include senior year high school records, medical insurance, federal or state benefit statements (Social Security, SNAP, TCA, and/or Medicaid). Attach copy of legal adoption documentation, if applicable. 	
Required Supplemental Questions	SECTION 1A: <u>Review your court documentation carefully. Does it specifically award guardianship?</u> <input type="checkbox"/> No <i>This is not the correct form for your situation. Please review and consider submitting a Dependency Override Request for review.</i> <input type="checkbox"/> Yes <i>Please proceed to Section B, and answer questions 1-3.</i>	SECTION 1B: 1. Date the court appointed your legal guardian to you: _____ / _____ <div style="margin-left: 100px;">MM / YYYY</div> 2. Name of person(s) appointed as your legal guardian(s): _____ _____ 3. Were you legally adopted? ___ No ___ Yes If yes, provide age at adoption: _____

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C D E OM

**Financial Aid Office
PROOFI**

Name: _____ CCBC ID: _____

SECTION A: CIRCUMSTANCES (continued)

<input type="checkbox"/> At any time since you turned 13, you were a <i>DEPENDENT OR WARD OF THE COURT</i>	
Required Documentation	<p> Attach a copy of court document indicating that you were placed under the care, custody, and control of the court/state. It must include the reason for your placement and name of the facility.</p> <p> Attach copy of legal adoption documentation, if applicable.</p>
Required Supplemental Questions	<p>1. Were you legally adopted? ___ No ___ Yes *If yes, provide age at adoption: _____</p>

<input type="checkbox"/> You are/were an <i>EMANCIPATED MINOR</i>	
Released from the control of my parent or guardian as determined by a court of law.	
Required Documentation	<p> Attach a copy of legal documentation from the court of your state of legal residence. The court must be located in your state of legal residence at the time the court's decision was issued.</p>
Required Supplemental Questions	<p>1. Date the court declared you an emancipated minor: _____ / _____ MM / YYYY</p> <p>2. Your age at that time: _____</p>

SECTION B: ACKNOWLEDGEMENTS & CERTIFICATION

- I understand all Proof of Independent Forms are reviewed on a case-by-case basis, and this written request does not guarantee approval.
- I have attached all documentation required for the status that I selected above.
- If requested, I agree to provide further documentation to substantiate this request. Failure to submit all requested documentation will result in denial of the independent status for financial aid purposes.

Warning: The student signing this worksheet certifies all the information reported is complete and accurate. If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student's Signature

Date

Please allow *at least* 2-3 weeks after ALL documents submitted for review. Check your SIMON account for status updates.
All documents must be submitted by the last day of the semester.