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CAMPUS: _____ INITIAL: _____

C D E OM

2019 – 2020: Proof of Independent Status Form

Name: _____ CCBC ID: _____

SECTION A: CIRCUMSTANCES

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** category that pertains to you, answer all corresponding supplemental questions, submit all required documentation, and sign the form.

<input type="checkbox"/> BOTH BIOLOGICAL OR ADOPTIVE PARENTS ARE 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	<p>1. Were you legally adopted? ___ No ___ Yes *If yes, provide age at adoption: _____</p>

<input type="checkbox"/> 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 that you were placed in foster care. Attach copy of legal adoption documentation, if applicable.
Required Supplemental Questions	<p>1. Provide age when you were placed in foster care: _____</p> <p>2. Provide dates you were in foster care (month/year): From ____/____ To ____/____</p> <p>3. Were you legally adopted? ___ No ___ Yes *If yes, provide age at adoption: _____</p>

<input type="checkbox"/> 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 (<i>not</i> custodian). Attach documentation showing that you were still with your guardian at the “age of majority” (usually 18). Documentation may include 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	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top; border-right: 1px dashed black; padding: 5px;"> <p>SECTION 1A: Review your court documentation carefully. Does it specifically award <u>guardianship</u>?</p> <p><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></p> <p><input type="checkbox"/> Yes <i>Please proceed to Section B, and answer questions 1-3.</i></p> </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <p>SECTION 1B:</p> <p>1. Date the court appointed your legal guardian to you (MM/YYYY): _____</p> <p>2. Name of person(s) appointed as your legal guardian(s): _____ _____</p> <p>3. Were you legally adopted? ___ No ___ Yes If yes, provide age at adoption: _____</p> </td> </tr> </table>	<p>SECTION 1A: Review your court documentation carefully. Does it specifically award <u>guardianship</u>?</p> <p><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></p> <p><input type="checkbox"/> Yes <i>Please proceed to Section B, and answer questions 1-3.</i></p>	<p>SECTION 1B:</p> <p>1. Date the court appointed your legal guardian to you (MM/YYYY): _____</p> <p>2. Name of person(s) appointed as your legal guardian(s): _____ _____</p> <p>3. Were you legally adopted? ___ No ___ Yes If yes, provide age at adoption: _____</p>
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SECTION A: CIRCUMSTANCES (continued)

<input type="checkbox"/> DEPENDENT OR WARD OF THE COURT	
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"/> EMANCIPATED MINOR	
I was 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.
- 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.