

Financial Aid Office
2014-2015 DEPENDENCY VERIFICATION FORM

On your 2014-2015 FAFSA or CA Dream Application (if AB540) you left one or more of the dependency questions blank. Please complete the following thirteen (13) questions. **Do not leave any question blank.**

	<u>YES</u>	<u>NO</u>
1. Were you born before January 1, 1991?	<input type="checkbox"/>	<input type="checkbox"/>
2. As of today, are you married? (also answer "Yes" if you are separated, but not divorced.)	<input type="checkbox"/>	<input type="checkbox"/>
3. At the beginning of the 2014-2015 school year, will you be working on a master's or doctorate program (such as an MA, MBA, MD, JD, PhD, EdD, graduate certificate, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you a veteran of the U.S. Armed Forces?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you now have or will you have children who will receive more than half of their support from you between July 1, 2014 and June 30, 2015? Unborn children should be included if their expected date of birth is between July 1, 2014 and June 30, 2015.	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2015?	<input type="checkbox"/>	<input type="checkbox"/>
8. At any time since you turned age 13, were both of your parents deceased, were you in foster care or were you a dependent or ward of the court?	<input type="checkbox"/>	<input type="checkbox"/>
9. As determined by a court in your state of legal residence, are you or were you an emancipated minor?	<input type="checkbox"/>	<input type="checkbox"/>
10. As determined by a court in your state of legal residence, are you or were you in legal guardianship?	<input type="checkbox"/>	<input type="checkbox"/>
11. At any time on or after July 1, 2013, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless?	<input type="checkbox"/>	<input type="checkbox"/>
12. At any time on or after July 1, 2013, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless?	<input type="checkbox"/>	<input type="checkbox"/>
13. At any time on or after July 1, 2013, 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?	<input type="checkbox"/>	<input type="checkbox"/>

CERTIFICATION: I certify that all information on this form is true, complete, and accurate. Upon request, I agree to provide proof of the information reported on this form. False statements or misrepresentation can be cause for denial, reduction, withdrawal, and/or repayment of financial aid. I give permission to the Financial Aid Office to make corrections/adjustments to data on my FAFSA based on forms and/or documents submitted.

 Student's Signature

 Date