



2020-2021 DEPENDENCY REVIEW PART 1

Student San Jose State I.D. Number	Student Last Name	Student First Name
------------------------------------	-------------------	--------------------

To be completed by the student:

This form is required to document your status as an independent student. Answer all of the questions in detail. Incomplete forms will not be reviewed.

- Where are your parent's currently residing?

Mother's Address		
City	State	Zip
Father's Address		
City	State	Zip

- When was the last time you received financial support or had contact with your mother and father?

	Mother	Father
When is the last time you received financial support?		
When is the last time you had contact with?		

- Provide specific information about your income and resources from the time that you stopped receiving support from your parents. Based on your records, you should list the amount as accurately as possible for each year. **Income from work should be documented by attaching either W-2 forms or tax returns, unless they are already on file with the Financial Aid and Scholarship Office.**

TYPES OF INCOME	2017	2018	2019 TO DATE
Income From Work			
Savings Used			
Benefits (SSI, unemployment, etc.)			
Financial Aid (grants and loans)			
Support from relatives other than parents			
Other (specify source)			

Explain: A) Why you are not able to provide the information about your parents as required on the student aid application and B) How you have supported yourself during this time. (Attach an additional sheet if necessary.)

Indicate any additional information about your family history that you feel is important regarding your status. (Attach an additional sheet if necessary.)

By signing this form, I certify that all of the information to qualify for student financial aid is complete and correct. **WARNING:** If you purposely give false or misleading information on this form, you may be fined, sent to prison, or both.

Student Signature	Date
Phone Number	Email

Return this form by mail or in person with supporting documentation:

By Mail:

Financial Aid and Scholarship Office
 One Washington Square
 San Jose, CA 95192-0036

In Person:

Financial Aid and Scholarship Office
 Student Services Center
 1st floor of the North Parking Garage

Questions?

Phone: 408-283-7500
 Email: fao@sjsu.edu

OFFICE USE ONLY		
Petition Approved:		
Override done on EdExpress	By: _____	Date: _____
No Override done, correction needed	By: _____	Date: _____
Waive dependent docs, request independent docs	By: _____	Date: _____
Send correction application to student/correct SAR	By: _____	Date: _____
Petition Denied	By: _____	Date: _____
Send letter to student	By: _____	Date: _____



2020-2021 DEPENDENCY REVIEW PART 2

Student San Jose State I.D. Number	Student Last Name	Student First Name
------------------------------------	-------------------	--------------------

To be completed by the student’s relative or close friend

The student named above has applied for financial aid at SJSU and has indicated to our office that he or she is unable to provide parent information due to extraordinary family circumstances. You may be contacted by our office about any information provided on this form.

Provide a brief statement regarding your knowledge of the student’s family history and relationship with their parents. (Attach an additional sheet if necessary.)

To your knowledge,

When did the student last receive financial support from parents? _____

When did the student last have contact with parents? _____

How long have you know the student? _____

What is your relationship to the student? _____

Your Name		
Street Address		
City	State	Zip
Phone Number	Email	

By signing this form, I certify that all the information is complete and correct. WARNING: If you purposely give false or misleading information on this form, you may be fined up to \$20,000, sent to prison, or both.

Signature	Date
-----------	------

Return this form to the student to submit to the Financial Aid and Scholarship Office at San Jose State University.



2020-2021 DEPENDENCY REVIEW PART 3

Student San Jose State I.D. Number	Student Last Name	Student First Name
------------------------------------	-------------------	--------------------

To be completed by a professional who has worked with the student’s family. Examples of professional people include high school counselor, teacher, social worker, clergy, physician, lawyer, family therapist.

The student name above has applied for financial aid at SJSU and has indicated to our office that he or she is unable to provide us with parent information due to extraordinary family circumstances. You may be contacted by our office about any information provided on this form.

Provide a brief statement regarding your knowledge of the student’s family history and relationship with parents.

Why do you believe that the student is unable to provide parent information for financial aid purposes?

To your knowledge,

When did the student last receive financial support from parents? _____

When did the student last have contact with parents? _____

How long have you know the student? _____

What is your professional relationship to the student? _____

Your Name	
Professional Title	
Phone Number	Email

Attach a business card or place office stamp on this form. (The form will not be accepted otherwise.)

By signing this form, I certify that all the information is complete and correct. WARNING: If you purposely give false or misleading information on this form, you may be fined up to \$20,000, sent to prison, or both.

Signature	Date
-----------	------

Return this form to the student to submit to the Financial Aid and Scholarship Office at San Jose State University.