Name of Fina	Name of Financial Aid Applicant (Please print in Black Ink)		
Last	First	MI	
Student ID N	umber:		

CUYAMACA COLLEGE 2020-2021 VERIFICATION OF INDEPENDENT STATUS

By federal regulation, a legal dependent is defined as your child or any other person who 1) lives with you, 2) receives more than half of his or her support from you, and 3) will continue to receive that support through June 30, 2021.

You listed one or more dependents in your household other than a spouse on your 2020-2021 FAFSA. In order for us to determine whether or not such individuals are considered your dependents for financial aid purposes, you must provide the following information to verify and explain the relationships and resources of each person.

Do not include any person who will not continue to receive more than half of his or her support from you during the 2020-2021 school year. **If you DO NOT have any dependents see section 2 below.**

Full Name	Date of birth	Relationship to you	Current with YES	•	tly received from any source Cash Aid, Food Stamps, etc.) Name of Source

If you have additional dependents please add them in an attached sheet.

Are you currently serving on active duty in the U.S. Armed Forces for purposes other th	han training?	(If you are a	National Guard or
Reserves enlistee, are you on active duty for other than state or training purposes?)		Yes	\square No

Please explain how you currently pay basic living expenses for you and your dependents such as rent, food, clothing, transportation and other personal needs (i.e. live with parents or relative who pays for housing; share housing with roommates; live with significant other who pays for the housing cost, etc.) If you need additional space, please attach a separate sheet of paper.

Section 2: If you do not meet the above criteria, you <u>must</u> first review your 2019-2020 FAFSA information, make corrections to your incorrect dependency response(s), and then provide your parent's information on the FAFSA. Once your updated FAFSA has been processed check your application status on WebAdvisor, or come in to the financial aid office, to see if additional documentation is required.

Certification and Signature

By signing this form, I certify that all of the information reported above is complete and correct.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student	Signature:	_
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Date: ____

Financial Aid Office 900 Rancho San Diego Parkway, El Cajon, CA 92019-4369 (619) 660-4201