



FOR OFFICE USE ONLY

STAMP HERE

CAMPUS: INITIAL: _____

C D E OM

2024 – 2025: Independent Status Review/Renewal Form

Name: _____ CCBC ID: _____

INSTRUCTIONS: You reported on your FAFSA that one of the following circumstances applies to you. Select the status that best describes your situation in Section A, attach all relevant documentation, and complete Section B to indicate that you have read understood the process and your responsibilities.

SECTION A: CIRCUMSTANCES (select one)

➤ For your request to be considered, mark the **ONE** status that pertains to you, answer all corresponding supplemental questions, submit all required documentation, and sign and complete Section B.

<input type="checkbox"/> At any time since you turned 13, <u>BOTH BIOLOGICAL OR ADOPTIVE PARENTS WERE DECEASED</u>	
Documentation	<ul style="list-style-type: none"> Attach a copy of your birth certificate; <u>and</u> Attach a copy of the death certificate for each parent; <u>and</u> Attach copy of legal adoption documentation, if applicable.
Supplemental Questions	1. Were you legally adopted? ___ No ___ Yes *If yes, provide age at adoption: _____

<input type="checkbox"/> You are/were in court-appointed <u>LEGAL GUARDIANSHIP (not custody)</u>			
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); <u>and</u> 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); <u>and</u> Attach copy of legal adoption documentation, if applicable. 		
Supplemental Questions	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top; border-right: 1px dashed black; padding-right: 10px;"> <p>SECTION 1A: <u>Review your court documentation carefully. Does it specifically award <i>guardianship</i>?</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-left: 10px;"> <p>SECTION 1B:</p> <p>1. Date the court appointed your legal guardian to you: <div style="text-align: center;">_____ / _____ month / year</div> </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: <u>Review your court documentation carefully. Does it specifically award <i>guardianship</i>?</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: <div style="text-align: center;">_____ / _____ month / year</div> </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>
<p>SECTION 1A: <u>Review your court documentation carefully. Does it specifically award <i>guardianship</i>?</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: <div style="text-align: center;">_____ / _____ month / year</div> </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>		

(Continued on Page 2)

FOR OFFICE USE ONLY			
STAMP HERE			
CAMPUS: _____		INITIAL: _____	
C	D	E	OM

Name: _____ CCBC ID: _____

SECTION A: CIRCUMSTANCES (continued)
 At any time since you turned 13, you were in FOSTER CARE

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; <u>and</u> Attach copy of legal adoption documentation, if applicable.
Supplemental Questions	1. Provide age when you were placed in foster care: _____ 2. Provide dates you were in foster care: From ____/____/____ to ____/____/____ month / year month / year 3. Were you legally adopted? ___No ___Yes *If yes, provide age at adoption: _____

 At any time since you turned 13, you were a DEPENDENT OR WARD OF THE COURT

Documentation	<ul style="list-style-type: none"> 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. Attach copy of legal adoption documentation, if applicable.
Supplemental Questions	Were you legally adopted? ___No ___Yes *If yes, provide age at adoption: _____

 You are/were an EMANCIPATED MINOR
 I was released from the control of my parent or guardian as determined by a court of law.

Documentation	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.
Supplemental Questions	1. Date the court declared you an emancipated minor: ____/____/____ month / year 2. Your age at that time: _____

SECTION B: 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.