



## COLLEGE OF THE CANYONS - FINANCIAL AID OFFICE

26455 Rockwell Canyon Road • Santa Clarita, California • 91355  
Phone: (661) 362-3215 • Fax: (661) 362-5617 • [www.canyons.edu/money4college](http://www.canyons.edu/money4college)

# 2021-2022 Dependency Status Questionnaire

You indicated on your FAFSA that one or more of the following dependency status questions apply to you. Please select the question(s) that relate to your situation and provide the necessary required documentation.

### Section 1: Student Information

Last Name	First Name	COC ID Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number:	<input type="text"/>	Date of Birth:	<input type="text"/>	Phone Number	<input type="text"/>				
Address, City, State, ZIP	<input type="text"/>								

### Section 2: Dependency Status

<input type="checkbox"/>	(Q52) At any time since you turned age 13, were both your parents deceased, were you in foster care or were you a dependent or ward of the court?
<input type="checkbox"/>	(Q53) Are you or were you an emancipated minor as determined by a court in your state of legal residence?
<input type="checkbox"/>	(Q54) Are you or were you in legal guardianship as determined by a court in your state of legal residence?

**REQUIRED DOCUMENTATION: Must be on official letterhead or stamped by an authorized agency.**

- Provide a copy of your proof of county dependency (i.e. official county letter, OR county foster care verification card); or
- Provide a copy of a court's decision that as of today you are an emancipated minor or are in legal guardianship; or
- Provide a copy of a court's decision that you were an emancipated minor or were in legal guardianship immediately before you reached the age of being an adult in your state. The court must be located in your state of legal residence at the time the court's decision was issued.

<input type="checkbox"/>	(Q55) At any time on or after July 1, 2020, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless?
<input type="checkbox"/>	(Q56) At any time on or after July 1, 2020, 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"/>	(Q57) At any time on or after July 1, 2020, 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?

"Homeless" means lacking fixed, regular and adequate housing, which includes living in shelters, motels or cars, or temporarily living with other people because you had nowhere else to go. "Unaccompanied" means you are not living in the physical custody of your parent or guardian. "Youth" means you are 23 years of age or younger or you are still enrolled in high school as of the day you sign this application.

**REQUIRED DOCUMENTATION: Must be on official letterhead or stamped by an authorized agency.**

- Provide documentation from a high school or school district homeless liaison determining that you were an unaccompanied youth who was homeless; or
- Provide documentation from a director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determining that you were an unaccompanied youth who was homeless; or
- Provide documentation from a director of a runaway or homeless youth basic center or transitional living program determining that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless.

**Students unable to provide written documentation listed above, may request a Homeless Youth Determination Interview with a Financial Aid Advisor. Please contact the Financial Aid Office for more information or to schedule an appointment.**

**Certification:** I hereby certify that all information reported on this form and any attachments hereto are true, complete, and accurate. Further, I understand that false statements and/or misrepresentations will result in denial, reduction, withdrawal, and/or repayment of aid disbursed and student disciplinary action may be taken.

(Please sign and date below)

Student Signature \_\_\_\_\_ Date \_\_\_\_\_