

Financial Aid and Scholarships A-129J Murphy Hall Box 951435 Los Angeles, CA 90095-1435

Phone: 310-206-0400 **FAX 310-267-4143**

2015-2016 PETITION FOR INDEPENDENT STATUS

Student Name:	Last	First	UID#
	Please ch	eck this box i	f you will be enrolled at UCLA for Summer 2015.
Please do not sul has not been file Independent Sta the Federal Proc mation on your I	bmit this pet d with the Fo tus is appro- cessor or CSA FAFSA or D	ition if your Free A ederal Processor or wed by the office of AC on your behalf. ream application.	Application for Federal Student Aid (FAFSA) or your Dream Application rethe California Student Aid Commission (CSAC) first. If your Petition for Financial Aid and Scholarships, UCLA will submit a dependency override to If your petition is denied, you will be instructed to provide parental infor-
make obtaining yemust be able to defamily condition.	our parents' locument that Please comparappeal for	FAFSA or Dream ap all financial and em blete all steps as outl	tion to be reclassified as independent based upon adverse family conditions which eplication information impossible. In order for your appeal to be approved, you notional contact with your parents has been severed as a direct result of the adverse lined in this form and return it to the office of Financial Aid and Scholarships for was approved by UCLA in the past, you do not have to resubmit copies of documenta-
Example	An unsafe de Unknown wes of non-elig Financial ha Parents' des		nts tt ts s include: financial support to the student
Please check one	of the follow by status in the		ements ain in detail the extenuating family circumstances that you believe warrant review ow. You may attach additional sheets of paper if more space is needed beyond
member of the cle	ergy, etc.) sul	estantiating and docu	official letterhead, from a professional (counselor, social worker, therapist, umenting the existence of your adverse family circumstances AND a second letter egarding the existence of the adverse condition must be provided with this petition.
			Status for initial consideration during the 2015-2016 academic year. I understand ation for Independent Status for each subsequent year I wish to receive financial
	ng that the do	cumented adverse fa	oved in a prior academic year. Federal Regulations require me to submit a family circumstances still exist. <i>A detailed statement of my current situation is</i>

STEP 2: 2014 Income Verification

Please answer the following questions.

Student Signature Date	
CERTIFICATION STATEMENT: I certify that all information reported on this form is true and accurate knowledge. I have also attached all required documentation if necessary. I understand that purposely falsolated to a cancellation of my aid and prevent me from receiving financial aid in future academic years.	
☐ I do not have a current lease or rental agreement for my place of residence. However, I am statement from my current landlord/roommate verifying my tenancy. My documentation inclinformation: address of residence, first date of tenancy, and monthly amount of rent paid.	
☐ I have attached a copy of my current lease or rental agreement verifying that I no longer re household.	side in my parents'
You must attach documentation that verifies your current living situation. Please check one of the follow	ring boxes.
STEP 3: Domicile Verification	
☐ I did not work at all during 2014. I have explained how I supported myself financially in	my written statement.
☐ I have not and will not file a Federal Income Tax form 1040/1040A/1040EZ for 2014, but h	nave attached my W-2's.
☐ I have attached a copy of my 2014 Federal Income Tax form 1040/1040A/1040EZ, along w	rith all schedules and W-2's
5. Please check one of the following boxes:	•
TOTAL	\$
C. Financial Aid (attach a copy of your Financial Aid Notification letter if you attended a school different than UCLA for the previous academic year):	\$
interest income, payments to tax deferred pension and savings plans, etc.):	\$
B. Untaxed Sources (for example: child support received, Veterans non-education benefits, tax exempt	Φ.
A. Work:	\$
4. List your 2014 income from:	
B \$	- '
A \$	N
3. Have your parents provided you with support in the last 12 months (support includes cash, housing, food, gifts, medical insurance, loans, college costs, etc.)? If yes, please list type and amount. TYPE AMOUNT	Y
2. When did you last live with your parents?	
· · · ·	
1. When was the last date you had contact with your parents?	