

Dependency Petition Deadline	
Fall 2025	12/01/2026
Spring 2026	05/10/2027
Summer 2026	07/26/2027

2026-2027 DEPENDENCY PETITION (MDEPPE-#27)

Student Name _____ Student ID: _____

Phone: _____ Email: _____

Financial aid regulations assume that the family has primary responsibility for meeting the educational cost of students. If you are considered a dependent student according to the financial aid definition, your aid eligibility is determined by using parent income and asset information in addition to your information. Dependent students are required by law to provide parental information and signatures to be considered for financial aid.

It is not relevant if: Your parents did not claim you as an exemption; or if you supported yourself; or if they are unwilling or unable to pay; or if you don't communicate with them, or if it is difficult to acquire their information.

Occasionally, due to extraordinary circumstances, students cannot obtain parental information. Examples may include physically abusive relationships, former wards of the court, refugees, political asylees, incarcerated parents, etc. If you have similar exceptional circumstances, please describe these in detail and [attach all documents that support your circumstances]. In your petition you should answer/supply detailed information for each of the following.

PLEASE SUBMIT EACH OF THE FOLLOWING IN YOUR DETAILED STATEMENT: (PLEASE CHECK EACH)

On a separate piece of paper, in paragraph format, please answer all of the following questions:

1. Identify the full name(s) and location of your parent(s). Include information on both parent 1 and parent 2 regardless of marital status or gender.
2. Describe the last time you lived with and/or had contact with your parent(s). When, where, and the nature of the contact.
3. Explain why you cannot obtain parental information please be clear & specific.
4. Describe how you have been self-supporting; **i)** when did you start meeting your expenses without parental support and **ii)** how have you provided for yourself?

IN ADDITION, PLEASE PROVIDE THE FOLLOWING: (PLEASE CHECK EACH SUBMITTED)

5. Attach documentation such as; Verification Worksheet for Independent Students, 2024 Tax Transcript (**required**)
6. 2024 W-2's (**required if employed**) etc.
7. You **MUST** include Two (2) letters on letterhead stationery from objective third party and/or professional individuals, such as a high school counselor, case worker, rabbi, minister, therapist, or other professional **who can confirm** the unusual or extenuating circumstances in your family from their perspective as witnessed. These statements should include the following information:
 - Their relationship to you and your parents
 - Full Name, Address, Telephone Number & Email Address
 - Their understanding of your family circumstances,
8. Any other supporting documentation such as proof of parent(s) abandonment or abuse, court documents, police reports, or certificate of death.

I certify that the information I have provided is true and complete to the best of my knowledge. I agree to provide proof supporting the information on this form. I certify that any IRS Tax Transcripts that I have provided are true copies of the documents as filed with the IRS. I realized that giving false or misleading information may result in a **\$20,000 dollar fine, a prison sentence or both.**

My signature below signifies that I have read and understand the above information and that the information provided for in this appeal is true to the best of my knowledge.

Student Signature: _____ Date: _____

The San Diego Community College District is committed to a safe and equitable learning environment for all students and employees. It does not discriminate on the basis of sex or gender in its educational programs and employment. Please refer to the SDCCD Board Policy 3410: NONDISCRIMINATION at the link below. For details and contact information: <https://www.sdccd.edu/students/titleix/> SDCCD Board Policy 3410

[] approved [] denied FAO Signature: _____ Date: _____