Student Name: __________________________ ID Number: _______________ Phone: __________________________

The Department of Education considers a student to be independent only when specific documented situations occur. In order to verify your dependent/independent status, please answer each of the following questions and attach any required documentation.

Is your father deceased? [ ] Yes [ ] No
If yes, attach copy of death certificate. Contact us if unable to obtain documentation.

Is your mother deceased? [ ] Yes [ ] No
If yes, attach copy of death certificate. Contact us if unable to obtain documentation.

At any time on or after you turned age 13, were you in foster care? [ ] Yes [ ] No
If yes, attach documentation from your social worker or court of law.

At any time on or after you turned age 13, were you a ward of the court? [ ] Yes [ ] No
If yes, attach documentation from your county social worker or court of law.

Are/were you an emancipated minor as determined by a court of law? [ ] Yes [ ] No
If yes, attach documentation from a court of law in your state of legal residence.

Are/were you in legal guardianship? [ ] Yes [ ] No
If yes, attach documentation from a court of law in your state of legal residence. Please note, joint conservatorships are not the same status as legal guardianship in most states.

After July 1, 2019 did you receive determination that you were an unaccompanied youth who was homeless, or self-supporting and at risk of homelessness (e.g. McKinney-Vento)? [ ] Yes [ ] No
If yes, attach a copy of the determination from the housing authority, your high school, etc.

Are you self-supporting and at risk of homelessness? [ ] Yes [ ] No
If yes, attach a personal statement, a statement from a third party, along with any available supporting documentation.

If none of the categories above apply to you, you are considered dependent and must provide parental information and a parent signature on the FAFSA. Please go online to www.fafsa.ed.gov and correct your FAFSA. If you feel you are independent, you may submit a letter and documentation of your specific situation to be considered for a possible override. Decisions made by the Office of Financial Assistance as to your dependency status are final.

Student Certification:

I certify that the information above is true and correct. Additionally, I understand that I am responsible for returning all financial aid monies received due to inaccurate, false, or misleading information provided on this form.

Student Signature: __________________________ Date: __________________________