2016-2017 Independent Status Verification

Section A – Student Information (Please print clearly)

Last Name     First Name   M.I.     Email

Street Address     City     State     Zip Code

What you should do:
1. Complete this entire worksheet checking the item(s) that apply to your particular situation. The form must be SIGNED.
2. Please submit all documents at the same time. Multiple request will not be reviewed. Once reviewed the decision is final.
3. Clearly print UIN on every page of 8 ½ x 11 legible copies for the supporting documentation based upon the item checked.

Section B – Independent Status Reason(s)

When completing the 2016-17 Free Application for Federal Student Aid (FAFSA), you indicated you were independent for financial aid purposes due to at least one of the reasons listed on this form. Please check the item(s) that apply to you and submit the appropriate documentation. Please be aware that if you cannot provide the documentation outlined on this form, you are likely to be considered dependent for financial aid purposes. Upon review of this form and the documentation submitted your financial aid file will be reviewed and you will be notified if it is determined that you need to make corrections to your 2016-17 FAFSA.

____ A. You indicated you are married. You must have been married as of the date you submitted your original FAFSA, except in rare cases as determined by a financial aid administrator. You may indicate you are married if you are separated, but not divorced. Documentation required: Please submit a copy of your marriage certificate.

____ B. Do you have children who will receive more than half of their support from you between July 1, 2016 and June 30, 2017? Documentation required: Please list names and ages below and 1) Attach copies of birth certificates, 2) Submit a 2015 IRS tax return transcript, 3) Submit all W-2 forms and/or benefit statements for the 2015 tax year, 4) Submit a signed statement detailing the estimated monthly income and expenses (provide specific breakdowns for yourself and the children listed from July 1, 2016 through July 30, 2017), 5) Submit proof of medical insurance for you and your children, and 6) Please provide a copy of a current lease in your name.

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<th>Name</th>
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____ C. Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2017? Documentation required: Please list names, ages and relationship on the top of the next page and 1) Submit a 2015 IRS tax return transcript, 2) Submit all W-2 forms and/or benefit statements for the 2015 tax year, 3) Submit a signed statement detailing the estimated monthly income and expenses (provide specific breakdowns) for yourself and the individuals listed from July 1, 2016 through July 30, 2017, 4) Submit proof of medical insurance for you and the individuals listed, 5) Please provide a copy of a current lease in your name and 6) A signed statement explaining why you feel the individuals listed are your dependents.

ENTER YOUR 9-DIGIT UIN

1617   INDS-O   N
2016-2017 Independent Status Verification

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____ D. 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? **Documentation required:** Attach a photocopy of both of your parents’ death certificates or court documents attesting to your foster care or ward-of-the-court status.

____ E. As determined by a court in your state of legal residence, are you or were you an emancipated minor? **Documentation required:** Attach photocopies of court documents attesting to your emancipated minor status.

____ F. As determined by a court in your state of legal residence, are you or were you in legal guardianship? **Documentation required:** Attach photocopies of court documents appointing your legal guardian.

____ G. At any time on or after July 1, 2015, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless? **Documentation required:** Attach a photocopy of a signed letter on official letterhead from your school district certifying your homeless or at risk status.

____ H. At any time on or after July 1, 2015, 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? **Documentation required:** Attach a photocopy of a signed letter on official letterhead from a director of a qualifying shelter or program certifying your homeless or at risk status.

____ I. At any time on or after July 1, 2015, 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? **Documentation required:** Attach a photocopy of a signed letter on official letterhead from a director of a qualifying shelter or program certifying your homeless or at risk status.

**Section C – Statement of Certification**

**IMPORTANT:** Return this original form to the Office of Student Financial Aid. When submitting documentation:

1. Clearly print UIN on every page of 8 ½ x 11 legible copies.
2. Include all appropriate signatures.

I certify that the information provided on this form and any attachments are true and correct.

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**ENTER YOUR UIN**