

**2023-2024 Dependency Status Verification Form**

Student ID# \_\_\_\_\_ Student Name \_\_\_\_\_

Select **only one** of the following conditions and attach the required documentation to this form, if applicable.**Note: If more than one of these conditions apply to your situation, you only need to document one.**

1. \_\_\_\_ I was legally married at the time I completed my FAFSA and am still legally married. **Attach a copy of your marriage certificate.**
2. \_\_\_\_ I have children or will have children who will receive more than half of their support between July 1, 2023, and June 30, 2024, from me. **Attach a copy of the child/children's birth certificate or Verification of Birth.**
3. \_\_\_\_ I have a legal dependent, other than a spouse or child, who will receive more than half of their support between July 1, 2023 and June 30, 2024, from me. **Attach a signed statement detailing who the dependent is and the support you provide.**
4. \_\_\_\_ I am currently serving on active duty in the U.S. Armed Forces for purposes other than training. **Attach a copy of your recent military orders, such as Permanent Change of Station (PCS) or Temporary Duty (TDY) orders to confirm your federal active-duty status.**
5. \_\_\_\_ I am a Veteran of the U.S. Armed Forces. **Attach a copy of your DD-214.**
6. \_\_\_\_ I am an emancipated minor as determined by a court in my legal state of residence. **Attach a copy of court documentation.**
7. \_\_\_\_ I am in legal guardianship as determined by a court in my legal state of residence. **Attach a copy of court documentation which shows the expiration date on or after your 18<sup>th</sup> birthday.**
8. \_\_\_\_ I am/was an unaccompanied homeless youth at any time on or after July 1, 2022, as determined by my high school or school district homeless liaison, or by the director of an emergency shelter program funded by the U.S. Department of Housing and Urban Development, or by a qualified Financial Aid Administrator at another institution. **Provide a signed letter, on official letterhead, from one of the entities listed above.**
9. \_\_\_\_ I am self-supporting and at risk of being homeless as determined by the director of a runaway or homeless youth basic center or transitional living program. **Complete the Unaccompanied Homeless Youth Verification Form.**
10. \_\_\_\_ Both of my parents are deceased. **Attach copies of both death certificates.**
11. \_\_\_\_ When I was 13 or older, I was in foster care or was a dependent/ward of the court. **Attach court documentation.**

**I do not meet any of these dependency statuses:**

12. \_\_\_\_ I have updated my FAFSA by changing my answer(s) to the dependency questions and including my parent information. **My parent has signed the FAFSA with their FSA ID.**
13. \_\_\_\_ I am fully self-supporting and/or my parent(s) refuse to sign the FAFSA. **Complete the Request for Dependent Student to Receive Unsubsidized Loans Only Form.**

\_\_\_\_\_  
Student's Signature\_\_\_\_\_  
Date