

**Verification of Dependency Status 2019-20**

Student's Name:

Student ID:

Our records indicate that you may be considered as an independent student due to being an emancipated minor, under legal guardianship, a ward of the court, under foster care, or at risk of homelessness. Please return the completed form and all **required documentation** to the financial aid office.

I qualify as an independent student due to one of the following and **will provide supporting documentation**:

- I am an emancipated minor
- I am under legal guardianship
- I am dependent or ward of the court
- I am in foster care
- I am homeless or I am risk of being homeless (verification section below must be completed by proper authority)

I am providing the following documentation in support of my request to be considered an independent student:

- Court Documents
- Other supplemental documents

**Certification Statement**

I certify that the information I am providing is true, complete, and correct to the best of my knowledge. I, the student, agree to notify the financial aid office if the circumstance described changes.

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

**FOR STUDENTS CLAIMING HOMELESSNESS, THIS SECTION TO BE COMPLETED BY PROPER VERIFYING AUTHORITY**

Check one to confirm the Status of the Student Above:

- This student was an unaccompanied homeless youth after July 1, 2018
- This student was an unaccompanied, self supporting youth at risk of homelessness after July 1, 2018  
*This means that, after July 1, 2018 the student listed above was not in the physical custody of parent or guardian, provides for their own living expenses entirely on their own, and is at risk of losing their housing.*  
As per the College Cost Reduction and Access Act, **I am authorized to verify this student's living situation.** No further verification by the Financial Aid Administrator is necessary. Should you have additional questions or need more information about this student, please use the contact information below.

I certify I am providing this letter of verification as a (check one):

- A School District Liaison
- A director or designee of a HUD-funded shelter
- A director or designee of a RHYA-funded shelter

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Organization \_\_\_\_\_

Signature of Certifying Authority \_\_\_\_\_ Date \_\_\_\_\_

**Return form to  
MCAD Financial Aid Office**