

2021-22 Verification of Dependency Status

Student's Name: _____

Student ID Number or last 4 digits of SSN: _____

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 MCAD Financial Aid Office.

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

____ At some point after turning the age of 13, I was in foster care

____ At some point after turning the age of 13, I was considered a dependent or ward of the court

____ Someone who is not my parent or my stepparent currently has legal guardianship of me

____ Someone who is not my parent or my stepparent had legal guardianship of me immediately prior to becoming an adult in my state

____ I am/was an emancipated minor as determined by a court in my legal state of residence

____ 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 document(s): _____

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 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 on or after July 1, 2020

____ This student was an unaccompanied, self supporting youth at risk of homelessness on or after July 1, 2020. *This means that, after July 1, 2020 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 Number: _____

Email: _____

Organization: _____

Signature of Certifying Authority: _____

Date: _____

Return form and supporting documentation to the MCAD Financial Aid Office.

MCAD Financial Aid Office

2501 Stevens Avenue

Minneapolis, MN 55404

financialaid@mcad.edu

Fax: 612-874-3701