

2021-2022 Independent Status Verification

- _____ F. At any time on or after July 1, 2020, 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.*
- _____ G. At any time on or after July 1, 2020, 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.*
- _____ H. Do you have children who will receive more than half of their support from you between July 1, 2021 and June 30, 2022? **Documentation required:** *Complete Section C.*
- _____ I. 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, 2022? **Documentation required:** *Complete Section C.*

Section C – Child/Dependent Support Verification

****Only complete this section if:**

- a. You indicated H or I above in Section B AND
- b. Your Income is greater than the Poverty level guidelines. If your income is less than these guidelines, you are considered to be dependent for financial aid purposes and must update your FAFSA Dependency section to not supporting a child/dependent.

2020 Poverty Guidelines for the 48 Contiguous States and the District of Columbia	
Household Size	Poverty Guideline
1	\$12,760
2	\$17,240
3	\$21,720
4	\$26,200
5	\$30,680
6	\$35,160
7	\$39,640
8	\$44,120
9+	Add \$4,480 for each person to the guideline for 8

**Submit ALL documentation listed in numbers 1-6 on the next page, including the chart with number 6.

**If you do not meet the criteria for supporting the person(s) listed below or do not have the documentation requested, please update your FAFSA with the correct answer to the Dependency questions. You will not be considered independent for FAFSA purposes.

ENTER YOUR UIN →

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Submit documentation in #1 - #6 below to verify support of your child or other dependent:

- List the names of your children who will receive more than half of their support from you between July 1, 2021 and June 30, 2022 or the 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, 2022.

Name	Age	Relationship
Name	Age	Relationship

- Submit a copy of a current lease in your name. If you live with your parents, submit a copy of your lease agreement and cancelled checks. If you do not have a lease agreement for your rent, then you are unable to declare dependency status for these children/dependents. Return and update the Dependency questions on the FAFSA.
- Submit (a) a signed 2019 IRS Federal Tax Return with IRS Schedules 1, 2, and 3 and (b) all 2019 W-2 forms and/or benefit statements for the 2020 tax year.
- Attach copies of birth certificates for the dependents above who are your children. If the persons above are not your children, submit a signed statement explaining why you feel the individuals listed are your dependents.
- Submit proof of medical insurance for you and the individuals listed above.
- Complete the following chart detailing the estimated monthly income and expenses (provide specific breakdowns for yourself and the children listed from July 1, 2021 through July 30, 2022). Please note, if your income does not support the persons listed above, you will need to update the FAFSA to no dependents.

INCOME per Month

Income Projected from Work	\$
Total amount of bills paid on my behalf from parents, friends, etc.	\$
Untaxed Income from Child Support, Veteran Non-educational Benefits, etc.	\$
Untaxed Income from welfare payments, Untaxed Social Security benefits, etc.	\$
Other Income (please list source)	\$
Total Income	\$

EXPENSES per Month

Rent/Housing	\$
Food	\$
Utilities and Cellphone	\$
Transportation Costs	\$
Education/Childcare	\$
Clothing	\$
Insurance	\$
Activities/Entertainment	\$
Other: (list: _____)	\$
Other: (list: _____)	\$

Section D – Statement of Certification

IMPORTANT: Return this original form to Student Financial Aid and Scholarships. When submitting documentation:

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

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

Student Signature

Date

ENTER YOUR UIN →

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