UNIVERSITY OF ILLINOIS CHICAGO – Office of Student Financial Aid and Scholarships 1200 W. Harrison Street, M/C 334 -- Chicago, Illinois 60607-7163 -- Phone: (312) 996-3126



2023-2024 Independent Status Verification

Section	A – Student Inf	formation (Pr	int clearly)				
Last Name	Firs	t Name	M.I.		Email		
2. Submit	te and sign this work all documents togeth	er. Once reviewe	ed, the decision is fina egible copies of supp		1.		
Section	B – Independe	nt Status Rea	ison(s)				
financial aid submit the be conside	d purposes due to at appropriate docume ered dependent for cial aid will be revie	least one of the ntation. If you cafinancial aid pu	on for Federal Studen reasons listed on this annot provide the de rposes. Upon revie e notified if it is det	form. Check the resocumentation outling wof this form and a	ason(s) that ap ned on this fo accompanyin	oply to you and rm, you are lik g documentat	kely to
A.	except in rare case	s as determined	must have been man by a financial aid adn nentation required:	ninistrator. You may	indicate you a	re married if yo	ou are
B.	dependent or ward	of the court? Do	, were both your pare ocumentation requir sting to foster care or	ed: Photocopy of bil	rth certificate, l		
C.			nte of legal residence, opies of court docume				
D.		quired: Photoco	ite of legal residence, opies of court docume				ers
E.	homeless liaison de Photocopy of a sign	etermine that you ned letter on <u>offic</u>	any time on or after J were an unaccompa ial letterhead from so submit a high school	nied, homeless yout hool district liaison c	h? Document	tation required	d:
ENTE	R YOUR 9-DIGIT UIN	→					
2324	INDS-E	N					

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F.	At any time on or after July 1, 2022, 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 homeless youth? Documentation required: Photocopy of a signed letter on official letterhead from a director of a qualifying shelter or program certifying homeless or at risk status.
G.	At any time on or after July 1, 2022, 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 self-supporting and at risk of being homeless? Documentation required : Photocopy of a signed letter on official letterhead from a director of a qualifying shelter or program certifying homeless or at-risk status.
H.	Do you have children who will receive more than half of their support from you between July 1, 2023 and June 30, 2024? 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, 2024? Documentation required: <i>Complete Section C.</i>

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.

2022 Poverty Guidelines for the 48 Conti	elines for the 48 Contiguous States and the District of Columbia			
Household Size	Poverty Guideline			
1	\$13,590			
2	\$18,310			
3	\$23,030			
4	\$27,750			
5	\$32,470			
6	\$37,190			
7	\$41,910			
8	\$46,630			
9+	For households with more than 8 persons, add \$4,720 for each additional person			

^{**}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 submit documentation, please update the FAFSA with the correct answer to the Dependency questions. You will not be considered independent for FAFSA.

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

1.	List the names of your children who will receive more than half of their support from you between July 1, 20	23 and
	June 30, 2024 or the dependents (other than your children or spouse) who live with you and who receive m	ore than
	half of their support from you, now and through June 30, 2024.	

Name	Age	Relationship	
Name		Relationship	

- 2. 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.
- 3. Submit (a) a signed 2021 IRS Federal Tax Return with IRS Schedules 1, 2, and 3 and (b) all 2021 W-2 forms and/or benefit statements for the 2021 tax year.
- 4. 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.
- 5. Submit proof of medical insurance for you and the individuals listed above.
- 6. Complete the following chart detailing the estimated monthly income and expenses (provide specific breakdowns for yourself and the dependents listed). 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:

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

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

Student Signature		Date					
ENTER YOUR UIN →	Pag	ge 3 of 3					