

2014-2015 Dependency Status Confirmation

When you completed the Free Application for Federal Student Aid (FAFSA) form, you indicated one or more of the following conditions apply to you. The Financial Aid & Scholarships Office must verify this information and cannot continue processing your financial aid application until documentation is submitted to support your statement.

A. Student Information

Last Name: _____ First Name: _____ MI: _____

NSHE ID: _____

B. Select ALL Items That Apply to You & Official Supporting Documentation

- ☐ I am pregnant or have children who receive more than half of their support from me. Please note, to be considered independent because you are pregnant or have children, you (and/or your spouse) must be supporting the child(ren) 51% or more. Support includes providing shelter, food, health insurance, etc. through employment, child support, TANF, SNAP, or other sources of income. If your parents are directly or indirectly providing support (i.e. providing or paying for housing, clothing, food, etc.) then you are not considered independent.
- Complete Section C AND attach a SIGNED statement clearly illustrating how you will be providing 51% or more of financial support for your child(ren). If currently pregnant, also attach a copy of the doctor's letter showing anticipated due date. Return to our office*
- ☐ I have dependents (other than my children and spouse) who live with me and who receive more than half of their support from me, now and through June 30, 2015.
- Complete Section C AND complete Section D of this form and return to our office.*
- ☐ I am an orphan, OR am/was (until age 18) a ward/dependent of the court, OR was in foster care since the age of 13.
- Complete Section C AND if you are an orphan attach a copy of the death certificates of both legal parents. If you are a ward of the court, attach a copy of the court documents. If you were in foster care since the age of 13, attach a copy of legal documentation from the proper legal authority. Return to our office*
- ☐ I am/was an emancipated minor, OR in legal guardianship as determined by a court in my state of legal residence at the time I received the determination.
- Complete Section C AND attach a copy of legal documentation from the court of your state of legal residence. The court must be located in your state of legal residence at the time the court's decision was issued. Return to our office*
- ☐ At any time on or after July 1, 2013, I was determined to be an unaccompanied youth who was homeless?
- "Homelessness" means lacking fixed, regular and adequate housing, which includes living in shelters, motels or cars, or temporarily living with other people because you had nowhere else to go. "Unaccompanied" means you are not living in the physical custody of your parent or guardian. "Youth" means you are 21 years of age or younger or you are still enrolled in high school as of the day you signed the 2014-2015 Free Application for Federal Student Aid (FAFSA).*
- If you meet these definitions, please complete Section C AND complete sections E through G of this form and return to our office.*
- ☐ **NONE OF THE ABOVE.** I incorrectly marked one of these conditions on my FAFSA. As a result, I understand that I am likely a dependent student and will be required to provide parental information.

C. Student Consent

By signing this worksheet, I certify that all information reported on this worksheet is complete and correct under penalty of perjury.

Student Signature: _____ Date: _____

D. Dependent (*other than child or spouse*)- **DO NOT** leave anything **BLANK**, if not applicable enter "N/A"You **MUST** submit the following documents **IN ADDITION** to completing this section

- A **detailed statement** which **clearly explains** your family situation and how you financially support your dependent(s).

Information on Dependent(s)**

Name of Person(s) YOU are Supporting	Age	Relationship	Does the Person Live With you (yes or no)

Income Information from: July 1, 2014- June 30, 2015	Student 12 month Total	Dependent 1 12 Month Total	Dependent 2 12 Month Total	Dependent 3 12 Month Total
Total NET Income from work				
Expected Financial Aid				
Amount received from relatives				
Public Assistance-TANF				
WIC				
Subsidized Housing (Section 8)				
Medicaid				
Childcare Subsidy (Title XX)				
Worker's Compensation, Unemployment or Social Security Benefits				
Other: _____				
Household Expenses from July 1, 2014- June 30, 2015				
Rent/Mortgage paid		XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX
Food		XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX
Utilities (<i>gas, water, etc.</i>)		XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX
Clothing		XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX
Education		XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX
Medical and Dental		XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX
Insurance		XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX
Childcare		XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX
Transportation		XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX
Other (<i>Specify</i>)		XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX
Amount provided TO/FOR THE DEPENDENT by YOU, the student, from July 1, 2014- June 30, 2015				
Rent/Mortgage paid	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX
Food	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX
Utilities (<i>gas, water, etc.</i>)	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX
Clothing	XXXXXXXXXXXXXXXX			
Education	XXXXXXXXXXXXXXXX			
Medical and Dental	XXXXXXXXXXXXXXXX			
Insurance	XXXXXXXXXXXXXXXX			
Childcare	XXXXXXXXXXXXXXXX			
Transportation	XXXXXXXXXXXXXXXX			
Other (<i>Specify</i>)	XXXXXXXXXXXXXXXX			

**If you have more dependents than space listed above, please attach an additional sheet.

E. Appropriate Official – Select ONLY ONE

- ☐ **McKinney-Vento School District Liaison:** Under subtitle VII-B of the McKinney-Vento Homeless Assistance Act, every school district is required to designate a liaison for students experiencing homelessness. Homeless liaisons have a number of legal responsibilities under the Act, including identifying youth who meet the definition of homeless and are unaccompanied. The education subtitle of the McKinney-Vento Act is overseen by the U.S. Department of Education. For more information go to: <http://www.ed.gov/programs/homeless/legislation.html>
- Printed Name: _____ E-mail: _____
- Address: _____ Phone: (____) _____ - _____
- ☐ **A Director or Designee of a HUD-funded shelter:** The U.S. Department of Housing and Urban Development (HUD) administers funding for homeless shelters and services under Title IV of the McKinney-Vento Act. These funds are distributed to communities through a competitive Grant process. For more information go to: http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/homeless
- Printed Name: _____ E-mail: _____
- Address: _____ Phone: (____) _____ - _____
- ☐ **A Director or Designee of RHYA-funded shelter:** The U.S. Department of Health and Human Services administers the Runaway and Homeless Youth Act programs. These programs provide funding for Basic Centers, Transitional Living Programs, and Street Outreach Programs that serve runaway and other unaccompanied youth. For more information, go to: <http://www.acf.hhs.gov/programs/fysb/programs/runaway-homeless-youth>
- Printed Name: _____ E-mail: _____
- Address: _____ Phone: (____) _____ - _____

F. Unaccompanied Homeless Youth- Select ONLY ONE (to be completed by appropriate official)

- ☐ An unaccompanied homeless youth* on or after July 1, 2013, who was living in a homeless situation as defined by Section 725 of the McKinney-Vento Act, and was not in the physical custody of a parent or guardian
- *"Youth" means you are 21 years of age or younger or you are still enrolled in high school as of the day you signed the 2014-2015 Free Application for Federal Student Aid (FAFSA)*
- ☐ An unaccompanied, self-supporting youth* at risk of homelessness on or after July 1, 2013, who was not in the physical custody of a parent or guardian, provides for his/her own living expenses entirely on his/her own, and is at risk of losing his/her housing.
- *"Youth" means you are 21 years of age or younger or you are still enrolled in high school as of the day you signed the 2014-2015 Free Application for Federal Student Aid (FAFSA).*

G. Appropriate Official's Consent

By signing this worksheet, I certify that all information reported on this worksheet is complete and correct under penalty of perjury.

Official's Signature: _____ Date: _____