

09-10



Office of Student Financial Aid
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Email: finaid@indstate.edu
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Student Dependency Confirmation

Student First Name _____ M.I. _____ Last Name _____ 991- _____
ID Number _____

Your response to the Student Dependency Status questions on the 2009-2010 Free Application for Federal Student Aid (FAFSA) indicates that you are an independent student. This status must be confirmed to complete your financial aid file. Please read very carefully and complete the question below related to your status and promptly return this form, along with the appropriate **legal** supporting documentation, to our office.

➡ At any time since you turned age 13, confirm your status to the questions below:

- Were both your parents deceased
- Were you in foster care
- Were you a dependent or ward of the court

➡ Check the appropriate status below if it pertains to you:

- Are you or were you an emancipated **minor** as determined by a court in your state of legal residence?
- Are you or were you in legal guardianship as determined by a court in your state of legal residence?

➡ If you were an unaccompanied youth who was homeless or at risk of being homeless, check the status below that pertains to you:

- At any time on or after July 1, 2008, did your high school or district homeless liaison determine that you were an unaccompanied youth who was homeless?
- At any time on or after July 1, 2008, 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?
- At any time on or after July 1, 2008, 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?

Remember: Attach documentation to support your responses above. Contact Financial Aid if you have any questions.

I certify that all the information submitted is complete and accurate.

Student Signature (required)

Date

SDC