

VERIFICATION OF INDEPENDENT STATUS



Student's Name _____ Banner ID _____

On your FAFSA you reported that you are an INDEPENDENT student based on one or more criteria listed below. Please indicate the appropriate criteria and submit the required documentation so your status can be verified.

_____ **You are an emancipated minor as determined by a court in your state of legal residence.**

Please provide a copy of a court's decision that as of today (or immediately before you reached the age of being an adult in your state) you met that definition. The court must be located in your state of legal residence and it must still be in effect as of the time you became an adult.

_____ **Your biological parents are deceased since you turned 13.**

Please provide a copy of both of your biological parents' death certificates.

_____ **You are a ward of the court or were in foster care since you turned 13.**

Please provide court documentation verifying your status.

_____ **You are a veteran of the US Armed Forces.**

Please provide a copy of your DD214.

_____ **You are currently serving on active duty in the US armed forces for purposes other than training.**

Please provide a letter from your commanding officer to verify this statement.

_____ **You were in legal guardianship as determined by a court in your state of legal residence.**

Provide a copy of the court's decision. The court must be located in your state of legal residence at the time the court's decision was made.

_____ **You are married.**

Please provide your marriage certificate.

_____ **You have dependents other than a spouse.**

Please complete the form on the back of this sheet.

_____ **You can be certified as an "unaccompanied youth who was homeless" after July 1, 2012 or an "unaccompanied, self-supporting youth at risk of homelessness" after July 1, 2012.**

Please submit a copy of the determination letter from (1) your high school or school district homeless liaison, (2) director of an emergency shelter or transitional housing program funded by HUD or (3) director of a runaway or homeless youth basic center or transitional program.

Please note your eligibility for financial aid cannot be determined until this information is received.

Submit this documentation to: John Carroll University
Office of Financial Aid
1 John Carroll Blvd
University Heights, OH 44118
216.397.3098 (Fax)

If you have questions about completing this form call 888-335-6800

On your FAFSA you indicated that you have children or other dependents that live with you and **receive more than half of their support from you**. Since this statement is the basis for your independent status it is necessary for you to validate your response.

Please answer the following questions:

Please list the name, birth date and relationship of your dependent?

Name _____ Date of Birth ____/____/____ Relationship _____
Does your dependent live with you? Yes No (Circle one)

If yes, list name and relationship of other members of the household where you live:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

If you live with your parent(s) who pays the majority of the household expenses?

Name _____ Relationship _____ Please document the expenses paid with receipts for rent (mortgage), utilities, groceries, etc... if the answer is someone other than the parent.

PLEASE DOCUMENT THE FOLLOWING RESPONSES:

If one or both of your parents are directly or indirectly providing support in cash or other assistance to your dependent (indirect support includes support that the parent gives you on behalf of the dependent), please estimate the dollar amount provided for the year 2012 \$ _____

Who claimed you as a tax exemption in 2011? _____ In 2012? _____
Please submit copies of your 2011 and 2012 tax returns for verification

Who claimed your dependent as a tax exemption in 2011? _____ In 2012? _____
Please submit copies of your 2011 and 2012 tax returns for verification

Who provides medical insurance for you? _____ For your dependent? _____
Please submit documentation from your insurance provider for verification

What is the amount of child support received in 2011? _____ In 2012? _____
Please submit documentation of amount of support received from appropriate state agency for verification

What is the estimated amount of annual child support you will receive in 2013? _____



CERTIFICATION

By signing this certification, I confirm that all information reported on this Verify Dependent Form in support of my application for financial assistance is complete and correct.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student Signature

Date

Student's E-mail Address

This form and documentation can be faxed to 216.397.3098, e-mailed to enrollment@jcu.edu, or mailed to John Carroll University, Office of Financial Aid, 1 John Carroll Blvd., University Heights, OH 44118. If you have questions about completing this form call 888-335-6800