

Dependency Status Documentation Request 2019-2020

Student's Name (please print): _____ WCCC ID Number: _____

Student's Date of Birth: _____

On your 2019-2020 Free Application for Federal Student Aid (FAFSA), you indicated that one or more of the following situations applied to you. Review each item, check off if it applies to you and provide the supporting documentation or take the action that is listed for the item.

___ At any time since I turned age 13, **both of my parents (biological or adoptive) were deceased**, I was in **foster care**, and/or I was a **dependent or ward of the court** (for federal student aid purposes, someone who is or was incarcerated is not considered a ward of the court). *If you selected this option, please complete the rest of this form and provide us with a copy of any legal documents, such as death certificates or a court order, verifying your status.*

___ As determined by a court in my state of legal residence, I am or was an **emancipated minor**. (Do not check this option if you are still a minor and the court decision is no longer in effect or the court decision was not in effect at the time you became an adult.) *If you selected this option, please complete the rest of this form and provide us with a copy of the court order, verifying your status.*

___ As determined by a court in my state of legal residence, I am or was in **legal guardianship**. (The definition of legal guardianship does not include your parents, even if they were appointed by a court to be your guardians. You are also not considered a legal guardian of yourself.) *If you selected this option, please complete the rest of this form and provide us with a copy of the court order, verifying your status.*

___ On or after July 1, 2018, I was identified as an unaccompanied youth who was **homeless** or self-supporting and **at risk of being homeless** by my high school or school district homeless liaison, by the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development, or by the director of a runaway or homeless youth basic center or transitional living program. *If you selected this option, please complete the rest of this form and have the agency that identified you as homeless or at risk of being homeless provide us with an official letter verifying their determination of your status.*

___ None of the situations listed above apply to me. I will be updating my FAFSA at www.fafsa.gov to provide my parental information. *If you have selected this option, be sure to update your FAFSA and submit the correction. Once you have done so, our office should receive the update within a week.*

___ None of the situations listed above apply to me. However, I believe that I have special circumstances that make it impossible for me to provide parental information on my FAFSA. *If you have checked this option, we will follow up with you to determine the appropriate next steps.*

Certifications and Signatures

By signing below I certify that all of the information reported on this form is complete and correct.

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

Student's Signature (required)

Date