



Office use only: Dependency Verification

Student ID # \_\_\_\_\_

Original EFC \_\_\_\_\_ Verified EFC \_\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

### FAFSA Dependency Status Verification

Your independent status on the Free Application for Federal Student Aid (FAFSA) is based on your answer to questions 46-58. You answered "Yes" to one or more of these questions, therefore the Department of Education requires that you submit legal documentation verifying your status. Please check the box that best represents your situation and submit the required documentation. You will also have to submit a Federal Verification Worksheet attached. We will not be able to fully process your financial aid until the all documentation is completed, received, and processed.

If you cannot check one of the statuses below and answered this incorrectly on your FAFSA, please correct your FAFSA online at [www.fafsa.gov](http://www.fafsa.gov) and provide your parent information. If you cannot provide supporting documentation contact the Office of Financial Assistance for more information.

#### A. Student Information

\_\_\_\_\_

Last Name                                      First Name                                      M.I.                                      Student ID #

\_\_\_\_\_

Phone Number (include Area Code)

#### B. Please check the applicable status and submit the requested documentation:

- Do you now have or will you have children who will receive more than half of their support from you between July 1, 2019 and June 30, 2020? (birth certificate and proof of support may be requested)
- 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, 2020?
- As of today are you legally married? (Marriage certificate and proof of support may be requested)
- Are you a veteran of the U.S. armed forces? ( active duty military ID may be requested)
- Are you currently serving on active duty in the U.S. armed forces for purposes other than training? (If you are a National Guard or Reserves enlistee or on active duty for other than state or training purposes?)
- At any time since you turned age 13, were both your parents deceased (even if you are now adopted) Check this box only if both parents are deceased; do not check this option if one parent is deceased and the whereabouts of your other parent is unknown)
- At any time since you turned age 13, you were in foster care (Attach legal documentation from your state of residency)
- At any time since you turned age 13, you were a dependent or ward of the court .  
  
(Attach a letter from your social worker confirming you were a dependent of the court, or a letter stating you are a participant in the Independent Living Skills Program (ILSP), or other court documentation showing you were removed from your home because it posed a direct threat to your well-being.)
- Legal Guardian or Emancipated Minor: 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 select Yes to any question below you must provide a copy of a court's decision stating that as of today or before you reached the age of being an adult in your state you are an emancipated minor or in legal guardianship. The court must be located in your state of legal residence at the time the court's decision was issued. Do not check 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.

As determined by a court in your state of legal residence: **(Circle A or B)**

**Con't B.**

\_\_\_ Homeless or Unaccompanied Youth:

**“Homeless”** means lacking fixed, regular and adequate housing. You may be homeless if you are living in shelters, parks, motels or cars, or are temporarily living with other people because you have nowhere else to go. Also, if you are living in any of these situations and fleeing an abusive parent you may be considered homeless even if your parent would provide support and a place to live.

**“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 sign this application.

**Circle A, B, or C if applicable and attach any supportive documentation**

**A.** Did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?

**B.** 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 or were self-supporting and at risk of being homeless?

**C.** 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?

**C. Fill in any additional information that you would like our office to know in evaluating your dependency. If more space is needed provide a separate page with your name and student ID on top.**

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**D. Certification and Signature**

I certify that all of the information reported on this worksheet is complete and correct. The student and, if dependent, at least one parent must sign and date. *Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.*

\_\_\_\_\_  
Print Student’s Name

\_\_\_\_\_  
Student’s ID Number

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

Our office may update your FAFSA information if discrepancies are found with information submitted on this worksheet and your FAFSA entry or we may request more information if needed. If you have questions about your dependency, please contact our office as soon as possible so that your financial aid will not be delayed.

**You may submit your form and any attached documents by fax, email or mail to:**

**Office of Financial Assistance  
One Camino Santa Maria  
San Antonio TX 78228  
Email: [finaid@stmarytx.edu](mailto:finaid@stmarytx.edu) Fax: 210-431-2221 Telephone: 210-436-3141**