

DEPENDENCY STATUS CERTIFICATION

Academic Year 2016–2017

DIRECTIONS—Additional documentation is required to support responses provided on your Free Application for Federal Student Aid (FAFSA). Please complete this form, attach all requested documents, and return to One Stop Student Services. Processing of your financial aid is on hold until this certification is submitted.

RETURN FORM:

BY MAIL TO:
Office of Student Finance
200 Fraser Hall
106 Pleasant St. SE
Minneapolis, MN 55455

IN PERSON ON CAMPUS TO:

One Stop Student Services
333 Robert H. Bruininks Hall
130 West Bank Skyway
130 Coffey Hall

Questions?

Phone: 612-624-1111
TTY (hearing impaired): 612-626-0701
Email: onestop@umn.edu

To ensure privacy online, open in Adobe Reader (free at Adobe.com). Please add the required signature(s) in blue or black ink.

| SECTION A. Student information | | |
|---|------------------------|--|
| Name (last, first, middle initial) | | University ID |
| Phone (include area code) | Birthdate (mm/dd/yyyy) | University email |
| SECTION B. Dependency information | | |
| For each question, check the box to indicate your answer. | | |
| Is your father deceased?..... | | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Is your mother deceased?..... | | <input type="checkbox"/> yes <input type="checkbox"/> no |
| At any time since you turned age 13, were you in foster care?..... If yes, ATTACH documentation from your social worker or a court of law. | | <input type="checkbox"/> yes <input type="checkbox"/> no |
| At any time since you turned age 13, were you a ward of the court?..... If yes, ATTACH documentation from a court of law or a letter from your county social worker | | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Are/were you an emancipated minor (not emancipated due to parents' divorce)? If yes, ATTACH documentation from a court of law in your state of legal residence | | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Are/were you in legal guardianship? If yes, ATTACH documentation from a court of law in your state of legal residence After | | <input type="checkbox"/> yes <input type="checkbox"/> no |
| July 1, 2015 did you receive determination that your were an unaccompanied youth who was homeless or self-supporting and at risk of being homeless? If yes, ATTACH a copy of the determination. If no, but you believe you are an unaccompanied youth who is homeless, please contact One Stop Student Services and request an appointment with the Independent Status Appeal counselor. | | <input type="checkbox"/> yes <input type="checkbox"/> no |
| SECTION C. Student certification | | |
| You must sign this form certifying that the information you provided is complete and correct. Misrepresentation of facts in connection with this form may be sufficient cause, in and of itself, for cancellation or repayment of financial aid, whenever discovered. If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both. | | |
| Student signature | | Date |

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