

2019-2020 Independent Status Verification

Any student who answers **YES** to at least one of the dependency-related questions in Step 3 of the 2019-20 *Free Application for Financial Student Aid Form* must fill out this form. Please provide documentation related to the questions that were answered as “yes” to in order to verify dependency status.

1. **Emancipation:** I attest that I am an emancipated minor as determined by a court in my state of legal residence. The emancipation must be determined by a court and not an attorney. It must also be prior to reaching the age of adulthood defined by the state. Please initial and submit court documentation that verifies that verifies emancipation with this form. **(Initial: ___)**

2. **Legal Guardianship/ Orphan/ Foster Child or Ward of the Court:** I have been determined by a court in my state of legal residence to be classified in one of the above categories. Court documentation that verifies this status must be submitted with this form. **(Initial: ___)**
Note: *The federally mandated formula used to determine financial need is based on the premise that the student’s family has the primary financial responsibility for his or her education. The Federal government has specific standards regarding who receives INDEPENDENT STATUS and is therefore released of the requirement to provide parental information when applying for financial aid. **If you are in the Foster Care System, both of your parents are deceased, or you are a documented ward of the court and you were adopted after the age of 13 (or your status changed), you are still considered to be of INDEPENDENT STATUS.** Exceptions to the Federal definition are made on a case-by-case basis. If an individual was considered “independent” for financial aid purposes at a previous school, it does not automatically qualify the person for Independent Status at Polk State College.*

3. **Homelessness/ Unaccompanied Youth:** The federal government has determined that one of three sources can document an individual’s status as an unaccompanied youth who is homeless. Please submit a letter from one of the following sources and check the source of the document being submitted.
 - a) ___ The high school or school district liaison
 - b) ___ The director of an emergency shelter funded by the U.S. Department of Housing and Urban Development
 - c) ___ Director of a runaway or homeless youth center or transitional living program**(Initial: ___)**

4. If the student does not meet any of the above conditions, he or she is considered **dependent** for financial aid purposes and must update the *FAFSA Form* with his or her parent’s information. **The student must initial below confirming that these corrections will be made to the FAFSA Form.** The office receives the updated FAFSA within 3-5 business days and will alert the student account when verification is needed.

(Initial) _____ I attest that I have erroneously answered YES to a dependency question on the FAFSA and will make correction to my FAFSA application accordingly.

Student Signature**Date**

Spouse**Date**

Parent 1 Signature (if dependent)**Date**

Parent 2 Signature (if dependent)**Date**

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