

Statement of Dependency Status

UFID _____ Student's Name _____

Please choose the most appropriate box that applies to you.

_____ Both of my parents are deceased, or when I was age 13 or older, I was in foster care or was a ward of the court. 8
(Attach a photocopy of both of your parents' death certificates or court documents attesting to foster care or ward-of-the-court status.)

_____ As of today, I am an emancipated minor as determined by a court in my state of legal residence. The emancipation must be determined by a court, not an attorney. 9
(Attach photocopies of court documents attesting to your emancipated minor status.)

_____ As of today, I am in legal guardianship as determined by a court in my state of legal residence. (Attach photocopies of court documents appointing your legal guardian.) 10

_____ On or after July 1, 2016, my high school or school district homeless liaison determined I was an unaccompanied youth who was homeless. 11
(Attach a photocopy of a letter from your school district certifying your homeless or at risk status.)

_____ On or after July 1, 2016, the director of an emergency shelter program funded by the U.S. Department of Housing and Urban Development determined I was an unaccompanied youth who was homeless. 12
(Attach a photocopy of a letter from a director of a HUD emergency shelter certifying your homeless or at risk status.)

_____ On or after July 1, 2016, the director of a runaway or homeless youth basic center or transitional living program determined I was an unaccompanied youth who was homeless or self-supporting and at risk of being homeless. 13
(Attach a photocopy of a letter from a director of a qualifying shelter or program certifying your homeless or at risk status.)

_____ I do not meet any of the above conditions. 14
If you check this item and cannot answer yes to any other independent reason you are considered dependent for financial aid purposes. A list of all independent criteria is provided at <http://www.sfa.ufl.edu/pdf/1718IndpHandout.pdf>. Contact a financial aid adviser if you qualify for another independent reason. If you are dependent please complete a new FAFSA application and include parent information.

I certify under penalty of perjury that the information provided on this form is true and correct to the best of my knowledge.

Student's Signature FOR SFA USE ONLY DEP _____ IR _____	Date _____ UFID _____ 7 18 Name _____
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