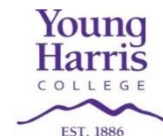


2020-2021

Dependency Status Verification



Young Harris College is required to verify your dependency status as reported on your 2020-2021 Free Application for Federal Student Aid (FAFSA). Federal regulations require applicants to provide parent(s)' financial and other information on their FAFSA unless they meet specific federal dependency status criteria. Information you provided on your FAFSA suggests that you may meet this criteria. Complete and submit this form and the **required** documentation to our office.

A. STUDENT INFORMATION

Student's Name:		YHC ID: Or last 4 of SSN:
Street Address (include apt. #):		
City/State/Zip:		
Date of Birth:	Phone:	Email:

Note: Communications regarding this request will be sent via email to the student's YHC email address.

B. STUDENT STATUS

Check at least **ONE** of the following in Sections B through D and attach the **REQUIRED** documentation.

If you do not fall into one of these categories, log into FAFSA.gov, select 'Make FAFSA Corrections', and review Items 46-58. If none apply, you must provide parental information and signature.

- I am currently serving on **active duty in the U.S. Armed Forces** for purposes other than training. *Attach a copy of your recent military orders, such as: Permanent Change of Station (PCS) or Temporary Duty (TDY) orders to confirm federal active duty status.*
 - I am a **veteran of the U.S. Armed Forces** and received an honorable discharge. *Attach a copy of your DD214 Form.*
 - I am an **emancipated minor** as determined by a court in my legal state of residence. *Attach copy of court documentation.*
 - I am in **legal guardianship** as determined by a court in my legal state of residence. *Attach copy of court documentation.*
- When I was age 13 or older:
- Both of my **parents were deceased**. *Attach copies of death certificates.*
 - I was in **foster care**. *Attach court document or a statement from an attorney, guidance counselor, etc. confirming your status.*
 - I was a **dependent/ward of the court**. *Attach court document or statement from an attorney, guidance counselor, etc. confirming status*

C. STUDENT CLAIMING HOMELESSNESS ON OR AFTER JULY 1, 2019

THIS SECTION TO BE COMPLETED BY PROPER VERIFYING AUTHORITY

CHECK ONE to confirm the status of the student above:

- This student was an **unaccompanied homeless youth** after 7/1/19. This means that, after 7/1/19, the student listed above was living in a homeless situation, as defined by Section 725 of the McKinney-Vento Act, and was not in the physical custody of a parent or guardian.
- This student was an **unaccompanied, self-supporting youth at risk of homelessness** after 7/1/19. This means that, after 7/1/19, the student, listed above, was not in the physical custody of parent or guardian, provides for his/her own living expenses entirely on his/her own, and is at risk of losing his/her housing.

As per the College Cost Reduction and Access Act (Public Law 110-84), I am authorized to verify this student's living situation. No further verification by the Financial Aid Administrator is necessary. Should you have additional question or need more information about this student, please use the contact information below.

I certify that I am providing this letter of verification as a (check one):

- School District Liaison
- Director or designee of a HUD-funded shelter
- Director or designee of a RHYA-funded shelter

Name _____

Phone (_____)_____-_____

Email _____

Organization _____

Signature of Certifying Authority _____ Date ____/____/____

D. STUDENT CLAIMING DEPENDENT(S)

I have a **legal dependent other than a spouse**. Attach a copy of your 2018 or 2019 federal tax return (if a dependent is claimed) or a statement from an attorney or other third party confirming that you have a legal dependent. *Complete the following and attach the required documentation.*

1. Do you have children or other dependents who receive MORE THAN HALF of their support from you and will continue to receive support from you between July 1, 2020 and June 30, 2021? YES NO If YES, list below:

List Full Name of all Dependents	Age	Relationship to Student

2. Select your housing status, list all occupants, and attach the **REQUIRED** documentation:

I and my children/dependents live in housing provided by me. **Provide a copy of the lease/mortgage listing you as renter/owner.*

I and my children/dependents live in housing provided by someone else. Name and relationship of the person providing the housing: _____

**Attach a signed statement from this person indicating the amount of rent paid and how often.*

List the Full Name of all Occupants in Your Home	Age	Relationship to Student

3. Calculate your monthly expenses and attach copies of the **REQUIRED** documentation:

- Utility bills and other monthly expenses (indicated below) with your name and address
- Current paycheck stubs
- Documentation of all other sources of income/benefits including Supplemental Security Income (SSI), Food Stamps (SNAP), Medicaid/Medicare, Special Supplemental Nutrition Program for Women, Infants & Children (WIC), or Temporary Assistance for Needy Families (TANF)

Monthly Expenses:	List Monthly Amounts	Documentation Provided?	(For Office Use Only)
RENT/MORTGAGE	\$		
GAS/ELECTRIC	\$		
CABLE/INTERNET	\$		
CELL PHONES	\$		
CAR PMTS/INSURANCE	\$		
GROCERIES	\$		
CHILD CARE	\$		
<i>Total Expenses</i>	\$		

4. Were you claimed by your parent(s) on the 2018 IRS Tax Return? YES NO

5. Was your dependent claimed by anyone other than you on their 2018 IRS Tax Return? YES NO
If YES, list the name of that person and their relationship to you: _____

E. CERTIFICATION & SIGNATURE - REQUIRED

Electronic signatures cannot be accepted.

By signing this form, I certify that the all of the information reported is complete and correct. I certify that I meet the criteria to apply for federal and state aid without providing parent information based on my status as checked above. I have attached the REQUIRED documentation.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sent to prison, or both.

Student signature _____ Date ____/____/____

FOR OFFICE USE ONLY

Approved Staff Initials _____ Date ____/____/____
 Denied Staff Initials _____ Date ____/____/____

Comments: _____