# 2026-2027 Verification of Dependency Status

LIFE University | Financial Aid
DIVISION OF STUDENT AFFAIRS

Student's Last Name _____ First Name _____

Student's ID or Last 4 Digits of Social Security Number _____

**INSTRUCTIONS:** Our records indicate that you may be considered an independent student due to being an emancipated minor, under legal guardianship, a ward of the court, under foster care, or at risk of homelessness. Please return the completed form and **all required documentation** to the Office of Financial Aid.

## Section A

I qualify as an independent student due to one of the following, and **will provide supporting documentation:**

- ☐ I am an emancipated minor
- ☐ I am under legal guardianship
- ☐ I am ward of the court (both parents deceased)
- ☐ I am in foster care (anytime since the age of 13)
- ☐ I am homeless or I am at risk of being homeless. Must choose one below:
  - ☐ Third party will certify homeless status in Section B below
  - ☐ Requesting an interview with Financial Aid Office to document homeless status

I am providing the following documentation in support of my request to be considered an independent student:

- ☐ Court Documents
- ☐ Other supplemental documents

## Certification Statement

I certify that the information I am providing is true, complete, and correct to the best of my knowledge. I, the student, agree to notify the Office of FInancial Aid if the circumstance described changes.

Student's Signature _____ Date_____

## Section B

**ONLY FOR STUDENTS CLAIMING HOMELESSNESS, 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 July 1, 2026
  *This means that, after July 1, 2026 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 July 1, 2026
  *This means that, after July 1, 2026 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 questions 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):

- ☐ A School District Liaison
- ☐ A director or designee of a HUD-funded shelter
- ☐ A director or designee of a RHYA-funded shelter

Name _____ Phone _____

Email _____ Organization _____

Signature of Certifying Authority _____ Date _____

**Return Form to: FinAidMail@LIFE.edu or 1250 Life's Way, Building 800, Marietta, GA 30060 Attn: Financial Aid**