

**2018-2019 Independence Review Form**

**Student's Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Student's Address:** \_\_\_\_\_

Financial Aid regulations assume that the family has primary responsibility for meeting the educational costs of students, therefore most students are considered dependent for financial aid purposes. Some students can be considered independent if they meet certain criteria. **Please read the information below, check the appropriate box, sign and return this form with the additional documentation indicated.**

You may be considered independent for the 2018 – 2019 academic year if you meet one of the following criteria. In order to be considered independent you will need to provide the appropriate documentation. Along with the documentation required for each individual situation, every student requesting independence will need to provide a letter explaining the details leading towards independence.

**Please check the condition below that best describes your situation and provide the documentation indicated.**

\_\_\_\_\_ 1. I am currently *serving in the U.S. Armed Forces, or National Guard or Reserves enlistee who is on active duty for purposes other than state or training purposes.*

Required Documentation:

**Please submit a copy of your official active duty military orders.**

If you are not on active duty OR you are a National Guard or Reserves enlistee who is on active duty for state or training purposes, please go to [fafsa.gov](http://fafsa.gov) to make the necessary corrections about your claimed independence. Please refer to FAFSA question # 49.

\_\_\_\_\_ 2. I currently *have dependents who live with me and who receive more than half of their support from me, now and through June 30, 2018.*

Required Documentation:

**Please submit documents to substantiate your claim of support for these individuals. Examples of acceptable documentation: a copy of your Federal Tax Form claiming these individuals as dependents, any official legal/court documentation, or other documentation pertinent to proving your claim.**

If you do not have documented proof of these dependents, please go to [fafsa.gov](http://fafsa.gov) to make the necessary corrections about your claimed independence. Please refer to FAFSA question # 52.

\_\_\_\_\_ 3. When I was age 13 or older, both of my parents were deceased, or I was in foster care, or I was a dependent/orphan/ward of the court.

Required Documentation:

**Please submit a copy of both parents' official death certificates. Explain where you lived and how you supported yourself following your parents' deaths. Or, please attach a copy of the official court order, stating your official dependent/orphan/ward of the court status.**

If you do not have proof of your parents' death, or dependent/orphan/ward of the court status, please go to [fafsa.gov](http://fafsa.gov) to make the necessary corrections about your claimed independence. Please refer to FAFSA question # 53.

\_\_\_\_ 4. I am currently an *emancipated minor as determined by a court in my state of legal residence*.

Required Documentation:

**Please submit a copy of the court document stating your official emancipated minor status.**

**NOTE: In New York State**, there is no Emancipation Statute or court proceeding in which an Order of Emancipation can be obtained.

If you do not have emancipated minor status, please go to [fafsa.gov](http://fafsa.gov) to make the necessary corrections about your claimed independence. Please refer to FAFSA question # 54.

---

\_\_\_\_ 5. I am currently *in legal guardianship as determined by a court in my state of legal residence*.

Required Documentation:

**Please submit a copy of the official court document stating your legal guardianship status.**

If you do not have legal guardianship status, please go to [fafsa.gov](http://fafsa.gov) to make the necessary corrections about your claimed independence. Please refer to FAFSA question # 55.

---

\_\_\_\_ 6. On or after **July 1, 2017**, *my high school or school district homeless liaison determined that I was an unaccompanied youth who was homeless*.

Required Documentation:

**Please submit a copy of the official document from your homeless liaison stating your official unaccompanied homeless youth status.**

If you do not have unaccompanied homeless youth status, per your school district homeless liaison, please go to [fafsa.gov](http://fafsa.gov) to make the necessary corrections about your claimed independence. Please refer to FAFSA question # 56.

---

\_\_\_\_ 7. On or after **July 1, 2017**, *the director of an emergency shelter program funded by the U.S Department of Housing and Urban Development determined that I was an unaccompanied youth who was homeless*.

Required Documentation:

**Please submit a copy of the document from the director of the emergency shelter stating your official unaccompanied homeless youth status.**

If you do not have unaccompanied homeless youth status, per the director of an emergency shelter, please go to [fafsa.gov](http://fafsa.gov) to make the necessary corrections about your claimed independence. Please refer to FAFSA question # 57.

---

\_\_\_\_ 8. On or after **July 1, 2017**, *the director of a runaway or homeless youth basic center or transitional living program, determined that I was an unaccompanied youth who was homeless or was self-supporting and at risk of being homeless*.

Required Documentation:

**Please submit a copy of the document from the director of the youth basic center stating your official unaccompanied homeless youth status or was self-supporting and at risk of being homeless.**

If you do not have unaccompanied homeless youth status or was self-supporting and at risk of being homeless, per the director of the youth basic center, please go to [fafsa.gov](http://fafsa.gov) to make the necessary corrections about your claimed independence. Please refer to FAFSA question # 58.

---

**I certify that all information provided in this document is true, complete and accurate to the best of my knowledge. I further understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. I authorize SUNY Cobleskill to make any change(s) necessary as a result of the updated information that I have provided.**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_