

2024-2024 Proof of Independency

Student Last Name: _____ Student First Name: _____ Student ID: _____

You indicated on your 2024-2025 FAFSA that you were independent for financial aid purposes due to at least one of the reasons listed on this form. Please check the item(s) that apply to you and submit the appropriate documentation.

Please be aware that if you cannot provide the documentation outlined on this form, you are likely to be considered dependent for financial aid purposes.

STUDENT WITH DEPENDENT(S) (Yes to question #50 or # 51 on the FAFSA)
 Student has a dependent who receives more than half of their support from you.

Documentation required: Attach a signed, typed statement to this form describing, in your own words, how you financially support your dependent. Include in your statement the percentage of *their* financial support you will provide and how it will be provided (such as income from a job, social security benefits, child support, etc.). Indicate whether or not any other person or agency provides support to you and your dependent(s) (such as SNAP benefits, Medicaid, relative, etc.). Indicate where you and your dependent(s) will be living between July 1, 2024 and June 30, 2025.

Please list the dependent(s) you will be financially supporting more than 50% between July 1, 2024 and June 30, 2025. This includes any child(ren) or dependents that: Currently live with you, AND receive more than half of *their* financial support from you, AND will continue to receive more than half of their financial support from you between July 1, 2024 and June 30, 2025.

Full Name	Age	Relationship to student

ORPHAN. At any time since you turned age 13, you had no living parent, even if you are now adopted?

Documentation: Attach a copy of your birth certificate and a copy of both of your parents' death certificates.

FOSTER CARE. At any time since you turned age 13, were you in foster care, even if you are no longer in foster care today?

Documentation: Attach a copy of court documents attesting to your foster care status.

WARD OF COURT. At any time since you turned age 13, were you a dependent or ward of the court, even if you are no longer a dependent or ward of the court?

Documentation: Attach a copy of court documents attesting to your ward-of-the-court/youth-in-care status.

EMANCIPATED MINOR VERIFICATION. As determined by a court in your state of legal residence, are you or were you an emancipated minor?

Documentation required: Attach a copy of your court documents attesting to your emancipated minor status.

HOMELESSNESS (Yes to question #55 or # 56 or #57 on the FAFSA)
 At any time on or after July 1, 2021 as a determination made that you were an unaccompanied youth who was homeless or you were an unaccompanied youth who was self-supporting and at risk of being homeless?

LEGAL GUARDIANSHIP VERIFICATION (Yes to question #54 on the FAFSA)
 As determined by a court in your state of legal residence, are you or were you in a legal guardianship?

Documentation required: Attach a copy of your court documents appointing your legal guardian.

I confirm that I am the certifying official as indicated above (check appropriate box) AND that the aforementioned student was (check one of the following):

- An unaccompanied homeless youth on or after July 1, 2022, who 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.
- An unaccompanied, self-supporting youth at risk of homelessness on or after July 1, 2022, who was not in physical custody of a parent or guardian, provides for his/her own living expenses entirely on his/her own, and is at risk of losing his/her housing.

Certifying Official for Homelessness		
Name (printed): _____	Title: _____	Phone: _____
Signature: _____	Email: _____	Date: _____

FAFSA FILING MISTAKE
 When I filed my FAFSA, I incorrectly answered "YES" to one or more of these dependency questions (Questions 5- 7). I am required to report parent information on my 2024-2025 FAFSA application and will be changing my answer(s) to "NO" for Questions 5-7.

CERTIFICATION: I certify that all information on this form is true, complete and accurate. Upon request I agree to provide additional proof of the information reported on this form. Warning: If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.	
_____ Student Signature	_____ Date

Please return this form to:
 Hood College, Office of Financial Aid
 401 Rosemont Ave., Frederick, MD 21701
 FAX (301) 696-3812
 EMAIL: finaid@hood.edu

For Office Use Only	Yes or No	Comments
Student is considered Independent		