OSWEGO STATE UNIVERSITY
Financial Aid Office
206 Culkin Hall
Oswego, NY 13126
(315) 312-2248
www.oswego.edu/financial

NAME ______________________________ SSN/ID# ____________________________
EMAIL ______________________________

Verification of Independence

In order to qualify as an independent student based on questions 53 through 58 on the 2015-2016 FAFSA for financial aid purposes, you must meet certain circumstances. Please answer the following questions and provide the requested documentation to our office for us to determine your legal status.

53. _____ At any time since you turned 13, were both your parents deceased, were you in foster care or were you a dependent or ward of the court? Please provide copies of both parents’ death certificates, and/or court orders.

54. _____ Are you or were you an emancipated minor as of the day you first applied for aid, as determined by a court in your state of legal residence? Please provide a copy of those court orders.

55. _____ As of the first day you applied for aid, are you or were you in a legal guardianship as determined by a court in your state of legal residence? Please provide a copy of those court orders.

56. _____ At any time on or after July 1, 2014, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless? Please provide a determination letter from a homeless liaison at the high school.

57. _____ At any time on or after July 1, 2014, did the director of an emergency shelter or transitional housing program funded by the U.S. Dept. of Housing and Urban Development determine that you were an unaccompanied youth who was homeless? Please provide a determination letter from a HUD emergency shelter or transitional living program.

58. _____ At any time on or after July 1, 2014, did the director of a runaway or homeless youth center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless? Please provide a determination letter from a runaway or homeless shelter, or transitional living program.

Signature _______________________________ Date ________________

Please return this form along with the requested documentation to the Financial Aid Office at SUNY Oswego.