
OSWEGO STATE UNIVERSITY OF NEW YORK

Financial Aid Office – 206 Culkin Hall – Oswego, NY 13126

Phone 315-312-2248 – Fax 315-312-3696 – E-mail financial.aid@oswego.edu

2022-2023 Confirmation of Independence

Based on information submitted on your 2022-23 FAFSA you have been identified as a student who may meet conditions to be considered independent.

Last Name	First Name	M.I.	Student ID #
Street	City	State	Zip
Phone #	Preferred Email address		

If the answer to the question(s) below is/are YES, please check the box to the left of the question, then sign and date this form. **Attach the corresponding documentation requested in bold to this form and return it to SUNY Oswego's Financial Aid Office for review.**

- 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 applicable court orders.**
- 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 applicable court orders.**
- 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 applicable court orders.**
- At any time on or after July 1, 2021, 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 the homeless liaison at your high school.**
- At any time on or after July 1, 2021, 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.**
- At any time on or after July 1, 2021, 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 _____