



Enrollment Services
125 Michigan Avenue NE
Washington DC 20017
 202.884.9530 fax: 202.884.9524

Independent Status Documentation

Name: _____ SS#: _____
 Address: _____ Telephone: _____
 _____ Award Year: 2009-2010

This form is to be used in determining your dependency status. Please choose the option below that fits your current status:

_____ I provide MORE THAN HALF of the support for my children or other dependents

Please list the name and age of your dependent(s) and their relationship to you:

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you currently live with your parents? Yes / No

_____ I am an emancipated minor. Court documentation is attached.

_____ I am in a legal guardianship as determined by a court. Court documentation is attached.
Note: This must be court issued guardianship. Please call us for assistance if you are unsure.

_____ I am an unaccompanied youth who is homeless as determined by my high school or school district homeless liaison. A letter from my high school or homeless liaison is attached.

_____ I am an unaccompanied youth who is homeless as determined by a director of an emergency shelter or transitional housing program. A letter from the director is attached.

_____ I am an unaccompanied youth who is homeless or was self-supporting and at risk of being homeless as determined by a director of a runaway or homeless youth basic center. A letter from the director is attached.

Student Signature: _____ Date: _____