THE UNIVERSITY OF OKLAHOMA STUDENT FINANCIAL CENTER

1000 Asp Avenue, Room 105 Norman, Oklahoma 73019-4078 Phone (405) 325-9000 Fax (405) 325-7608 sfc@ou.edu

2019-2020 Documentation of Independent Status

| Studer | nt Name: | Dayti | ime phone #: | | |
|-----------------|--|---|---|-------------------------|--|
| Social | Security #: | Sooner ID #: | | | |
| oarent edera | al information on your FAFSA. You I financial aid without reporting par | nswered yes to one or more question are required to provide supporting do ental information. Please complete the required documentation to this off | ocumentation of your answers in form as indicated, attach the | in order to qualify for | |
| | incorrectly answered one of the nd return this form. Skip Section | se questions YES you should corr ns One and Two. | ect your FAFSA and check | the box below and | |
| | I incorrectly answered YE I have corrected my answ | S to one or more of questions 53-58 over(s) to NO. | on the FAFSA. | | |
| f you | correctly answered YES to one o | r more of questions 53-58 on the FA | ASFA please proceed: | | |
| <u>Sectio</u> | n One: | | | | |
| 1. | Are both your parents deceased? | | Yes | No | |
| | signed statement from a p | ach documentation. Documentation coerson such as a pastor, teacher, cour al. The signed statement should include | nselor, principal, social worker, | or a medical or | |
| 2. | Since age 13 have you been in fo | ster care? | Yes | No | |
| | If you answered "yes" atta or court. | ach documentation from a social servic | ce agency (Department of Hum | nan Services, e.g.) | |
| 3. | Since age 13 have you been a de | pendent/ward of the court? | Yes | No | |
| | If you answered "yes" attach documentation from a social service agency (Department of Human Services, e.g.) or court. | | | | |
| 4. | Are you or were you an emancipa by a court in your state of legal re- | | Yes | No | |
| | If you answered "yes" atta | ach documentation from a court in the | state of your legal residence. | | |
| 5. | Does someone other than your pa by a court in your state of legal re | arent or stepparent have legal guardiar esidence? | nship of you, as determined Yes | No | |
| | If you answered "yes" atta | ach documentation from a court in the | state of your legal residence. | | |

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Section Two:

Please review the definition of homeless and unaccompanied youth below before answering these questions.

Homeless: lacking fixed, regular and adequate housing, which includes living in shelters, motels or cars, or temporarily living with people because you had nowhere else to go.

Unaccompanied youth: <u>as of the day you signed the financial aid application</u> you were not living in the physical custody of your parent or guardian AND you are 21 years of age or younger or you were still enrolled in high school.

| 1. | At any time, on or after July 1, 2018, did your high school or school district homeless lia determine you were homeless ? | ison Yes | No |
|----------------|--|-----------------------------|---------------------|
| | If you answered "yes" attach documentation from the homeless liaison. | | |
| 2. | At any time, on or after July 1, 2018, did the director of an emergency shelter program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless? | Yes | No |
| | If you answered "yes" attach documentation from the shelter program. | | |
| 3. | At any time, on or after July 1, 2018, did the director of a runaway or homeless youth basic 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? | Yes | No |
| | If you answered "yes" attach documentation from the director of the program that | at determined | d your status. |
| 4. | Please describe in your own words where you have lived over the past 12 months. Use necessary. | an additiona | l sheet of paper if |
| | | | |
| | | | |
| | | | |
| <u>Section</u> | | | |
| reque to su | ify that all information is true and accurate to the best of my knowledge and that I have bested to verify the information provided on this form. I understand I may be required to provide this request. THE PENALTY FOR SUBMISSION OF FRAUDULENT INFORMUDE REPAYMENT OF MONEY RECEIVED, PLUS A FINE AND/OR IMPRISONMENT. | orovide additi MATION ON | onal documentation |
| Stude | ent Signature/Date | | |

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