



Office of Student Financial Aid

**STUDENT DEPENDENCY STATUS
WORKSHEET
2016 - 2017**

Student Printed Name

KSU ID Number

Please check which of the following statements reflects your current dependency status.

	Ward of Court – At any time, since you turned 13, were your parents deceased, were you in foster care or were you dependent or ward of the court? (Please attach court documentation)
	Emancipated Minor – Determined by a court in your state of legal residence. (Please attach court documentation)
	Legal Guardianship – Determined by a court in your state of legal residence. (Please attach court documentation)

OR

	<p>Unaccompanied Youth who was Homeless (Means lacking fixed, regular and adequate housing, which includes living in shelters, motels or cars, or temporarily living with other people because you had nowhere else to go) and (you are not living in the physical custody of your parent or guardian) and (you are 21 years of age or younger or you are still in enrolled in high school as of the day you completed the FAFSA)</p> <ul style="list-style-type: none"> • At any time on or after July 1, 2015, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless? • At any time on or after July 1, 2015, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless? • At any time on or after July 1, 2015, 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? <p>If you meet any one of these stipulations pertaining to an <u>Unaccompanied Youth who was Homeless</u> please have the appropriate individual, as listed above, complete the following section. This section is not to be completed by the student.</p>	
	_____ Printed Name	_____ School or Agency
	_____ Address	_____ City, State, Zip
	_____ Email Address	_____ Telephone Number
	_____ Authorized Signature	