VERIFICATION OF INDEPENDENT STATUS DUE TO DEPENDENT

Student Name _______________________      Student ID ________________________

Please provide a clear response to ALL of the following questions. If you fail to answer all questions or leave any questions blank, this will delay the processing of your financial aid application.

Please list all of your dependents below, also list their age and relationship to you. (If you need additional space attach a separate page.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Relationship to you</th>
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<tbody>
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1. As of today, you and your dependents live with:

   [ ] Parent        [ ] Friend       [ ] Significant Other
   [ ] Other Relative [ ] Have own residence

2. As of today, do you receive money from:

   [ ] Employment        [ ] Parent
   [ ] Significant Other       [ ] Friend
   [ ] Social Security Benefits [ ] Relative
   [ ] Other: _________________________

You must provide valid documentation of ALL income (example: Copies of most recent pay-stub, statement from DSS, written letter).

Acknowledgement: I certify that the information provided on this form is true and factual to the best of my knowledge.

______________________________ (Student signature) ____________________________(Date)

WARNING: If you purposely give false or misleading information, you may be fined, sentenced to jail, or both.