

## INDEPENDENT STATUS REQUEST

In order to determine your dependency status and process any financial aid on your behalf, we must verify your independent status. Please complete the questions below and attach any required documentation.

STUDENT'S NAME: \_\_\_\_\_

STUDENT'S ESU ID #: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

1. At any time since you turned age 13, were both of your parents \_\_\_\_\_YES \_\_\_\_\_NO deceased, were you in foster care, or were you a dependent or ward of the court? If yes, please provide death certificates or legal documentation.
2. Do you now have children or other legal dependents (other than \_\_\_\_\_YES \_\_\_\_\_NO a spouse) who live with you, and will receive more than half of their support between now and June 30, 2019? If yes, please attach a 2016 IRS Tax Return transcript.
3. Are you an emancipated minor as determined by a court in your \_\_\_\_\_YES \_\_\_\_\_NO state of legal residence? If yes, please provide legal documentation.
4. Are you, or were you, in a legal guardianship as determined by a \_\_\_\_\_YES \_\_\_\_\_NO court in your state of legal residence? If yes, please provide legal documentation.
5. At any time, on or after July 1, 2017, (a) did your high school or \_\_\_\_\_YES \_\_\_\_\_NO school district homeless liaison determine that you were an unaccompanied youth who was homeless, or were self-supporting, and at risk of being homeless, or (b) 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 or were self-supporting, and at risk of being homeless, or (c) 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? If yes, please provide letter from the school district, emergency shelter or transitional housing/living program.
6. There are extenuating circumstances beyond self-sufficiency and \_\_\_\_\_YES \_\_\_\_\_NO parental refusal to disclose tax information of which I have included a personal statement describing the situation and documentation to support.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

RETURN TO: EAST STROUDSBURG UNIVERSITY  
OFFICE OF FINANCIAL AID  
200 PROSPECT STREET  
EAST STROUDSBURG, PA 18301  
FAX NUMBER: (570) 422-2850