

## 2018-2019 DEPENDENCY CONFIRMATION FORM

Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_ ID: \_\_\_\_\_  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Primary Phone #: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Secondary Phone #: (\_\_\_\_) \_\_\_\_-\_\_\_\_

### TO BE COMPLETED BY STUDENT

Your FAFSA record indicated that while you do meet the regular conditions to be a dependent you have indicated you are an independent. Please look at the options listed below and check the most appropriate box to fit your situation.

**Yes No**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | At any time since you turned 13, were both of your parents deceased, were you in foster care, or were you a dependent or ward of the court? If yes, please attach supporting documentation.  |
| <input type="checkbox"/> | <input type="checkbox"/> | As determined by a court in your state of legal residence, are you or were you an Emancipated Minor? If yes, please attach supporting documentation.   |
| <input type="checkbox"/> | <input type="checkbox"/> | As determined by a court in your state of legal residence, are you or were you in Legal Guardianship? If yes, please attach supporting documentation.  |
| <input type="checkbox"/> | <input type="checkbox"/> | At any time on or after July 1, 2017, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless? If yes, please attach supporting documentation.                              |
| <input type="checkbox"/> | <input type="checkbox"/> | At any time on or after July 1, 2017, did the director of an emergency shelter or transitional Housing or Urban Development determine that you were an unaccompanied youth who was homeless? If yes, please attach supporting documentation. |
| <input type="checkbox"/> | <input type="checkbox"/> | At any time on or after July 1, 2017, did the director of a runaway or homeless youth basic center determine that you were an unaccompanied youth who is at risk of becoming homeless? If yes, please attach supporting documentation.       |

If you answered **NO** to all of these questions, you **do not** meet the conditions to be considered an Independent student. You must 1) Log in to your FAFSA online at [www.fafsa.gov](http://www.fafsa.gov), 2) change all dependency questions to **NO** and 3) provide parent income and household information.

By **signing this form you agree** to provide information that will verify the accuracy of the information in your FAFSA.

In addition, you certify that you (1) will use federal student financial aid only to pay the cost of attending an institution of higher education, (2) are not in default on a federal student loan or (3) have made satisfactory arrangements to repay it, (4) will notify your school if you have default on a federal student loan.

If you purposely give false or misleading information, you may be fined \$10,000, sent to prison, or both.

**Unsigned forms are returned to the student and the file will remain incomplete.**

### SIGNATURES MUST BE IN INK.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Please submit to either of the following UTRGV locations:

<b>The Tower, Main 1.100</b> <b>One West University Blvd.</b> <b>Brownsville, Texas 78520</b> <b>Ph: (888) 882-4026</b> <b>Fax: (956) 882-8229</b>	<b>Visitors Center 1.113</b> <b>1201 West University Drive</b> <b>Edinburg, Texas 78539</b> <b>Ph: (888) 882-4026</b> <b>Fax: (956) 665-2392</b>
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**Staff Explained Process for Student answering all "NO":** Date: \_\_\_\_\_ Initials: \_\_\_\_\_

Circle appropriate tracking code for Imaging: **ORPH MINOR GUARD HMSCL HMHUD RISK**

As per HB 1922 (Subtitle A, Title 5, Government Code, Chapter 559), it is the policy of the state that an individual is entitled, on request, to receive, review and/or correct any information about the individual, which has been submitted to UTRGV, with few exceptions. The information UTRGV collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules.