



2021-2022 DEPENDENCY STATUS CONFLICT RESOLUTION

Student Name: _____ Student ID: _____

Accurate dependency information is vital in determining your eligibility for financial aid. However, you provided conflicting information between your Free Application for Federal Student Aid (FAFSA) and your Verification Worksheet. To resolve the conflict, read each question below and **check only those that apply to you**. If you need assistance answering these questions, please visit your Financial Aid Office. **You may be required to provide documentation to confirm the information you certify here.**

1. ____ I have read each question below. **None** of these situations apply to me.
2. ____ At any time **since you turned age 13**, were both of your parents deceased, were you in foster care, or were you a dependent of/ward of the court?
3. ____ **As determined by a court** in your state of legal residence, are you or were you an emancipated minor?
4. ____ Does someone other than your parent or stepparent have legal guardianship of you, **as determined by a court** in your state of legal residence?
5. ____ At any time on or after July 1, 2020, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?
6. ____ At any time on or after July 1, 2020, 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?
7. ____ At any time on or after July 1, 2020, 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?

Certification and Authorization:

By signing below, I certify that all information provided above is true and accurate to the best of my knowledge. I acknowledge that if I purposefully falsify information on any financial aid document, I may subject to a fine, imprisonment, or both. I authorize my college to update my FAFSA to reflect the information I have certified on this form.

Signature and Date (Date is Required): _____

TYPED SIGNATURES ARE NOT ACCEPTED. SIGN WITH INK PEN OR USE YOUR MOUSE OR FINGER TO DRAW YOUR SIGNATURE.