



Umpqua Community College
 Financial Aid Office
 PO Box 967
 Roseburg, Oregon 97470
 541.440.4602 | 541.440.4612 (FAX)
 FinancialAid@umpqua.edu

**2016-2017
 Dependency Status Documentation**

Student Name _____ Student ID _____

On your 2016-2017 FAFSA, you indicated that you are an independent student. Please check the appropriate box below AND provide the document/s listed.

- At any time since the age of 13, both my parents were deceased. Check box even if you were adopted during this time.
REQUIRED: Copy of Death Certificates

- At any time since the age of 13, I lived in foster care. Check box even if you do not live in foster care at this time.
REQUIRED: Copy of Order Verifying Foster Care

- At any time since the age of 13, I became an orphan or ward of the court. Check box even if you are no longer a dependent or ward of the court. (*Being remanded to a correctional facility does not mean that you were declared a ward of the court.*)
REQUIRED: Copy of Order Verifying Ward of the Court

- I am now or was an emancipated minor as determined by a court in my state of legal residence.
REQUIRED: Copy of Order of Emancipation

- I am now or was in legal guardianship as determined by a court in my state of legal residence. Check box even if you were adopted during this time.
REQUIRED: Copy of Letters of Guardianship

- At some time on or after July 1, 2015, I was an unaccompanied youth who was homeless as determined by my high school.
REQUIRED: Letter from school's Homeless Education Liaison verifying status

- At some time on or after July 1, 2015, I was an unaccompanied youth who was homeless as determined by an emergency shelter or transitional housing program.
REQUIRED: Letter from emergency shelter verifying status

- At some time on or after July 2, 2015, I was an unaccompanied youth who was homeless as determined by a runaway or homeless youth basic center.
REQUIRED: Letter from runaway shelter or youth center verifying status

- Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2017?
REQUIRED: Financial Aid: Proof of Dependent Support Form

By signing below, I certify that the above information is true and correct. I also understand that if I give false or misleading information, I may be fined up to \$20,000, sent to prison, or both.

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|--------------------------|-------------|
| Student Signature: _____ | Date: _____ |
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