



Dependency Status Verification Form 2019-2020

Name: _____
Student's Name (Last, First, M.I.)

ID: _____
Student ID#

Please provide all of the requested information, **including any required attachments**, and sign below.

1. For fall 2019, what will be your class status?
 Freshman Sophomore Junior Senior Other
2. Were you born before Jan. 1, 1996? Yes No
3. Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training?
 No Yes – If yes, please attach a copy of your leave and earnings statement.
4. Are you a veteran of the U.S. Armed Forces?
 No Yes – If yes, please attach the Member-4 copy of your DD214.
5. What was your marital status on the date you originally submitted your 2019-2020 FAFSA? Single,
 Divorced, or widowed
 Married/remarried – month and year you were married: _____
 Separated – month and year you were separated: _____
6. Do you have children who will receive more than half of their financial support from you (and your spouse, if married) between July 1, 2019 and June 30, 2020?
 No Yes – If yes, list their names and ages: _____
7. Do you have dependents (other than your children or spouse) who live with you and receive more than half of their financial support from you (and your spouse, if married), now and through June 30, 2020?
 No Yes – If yes, submit the Verification of Household Size - Independent Form.
8. At any time since you turned age 13, were both of your parents (biological or adoptive) deceased?
 No Yes – If yes, please attach a copy of the death certificate for each parent.
9. At any time since you turned age 13, were you in foster care or a ward/dependent of the court?
 No Yes – If yes, please attach copies of legal or court documents demonstrating this decision.
10. Are you or were you an emancipated minor, or in legal guardianship as determined by a court in your state of legal residence?
 No Yes – If yes, please attach copies of legal or court documents demonstrating this decision.
11. At any time on or after July 1, 2018, were you an unaccompanied youth who was homeless or was self-supporting and at risk of being homeless?
 No Yes – If yes, please attach a copy of the determination from a high school or school district liaison, director of an emergency shelter funded by the US Department of Housing and Urban Development, runaway or homeless youth center, or transitional living program.

By signing this form, I certify that all the information provided is complete and accurate.

Student Signature

Date

Return Form to:
The Office of Financial Aid
2404 North Grand Ave.
Tyler, Texas 75702
Telephone: (903) 593-8311 Fax: (903) 593-9607
Email: financialaid@texascollege.edu