



**Fresno City College
Financial Aid Office**
1101 E University Ave
Fresno, CA 93741
Phone: (559) 442-8245
Fax: (559) 499-6024

2018- 2019

STUDENT STATUS VERIFICATION # 14

Student Name: _____ **Student ID#:** _____

On the FAFSA, you answered yes to one of the questions that determines independence. Please check the box and provide the required documentation requested for the status that applies to you.

If none of these apply, you will need to correct your FAFSA and include your parents' information and signatures.

Emancipated Minor

Please attach a copy of the court's decision that you are/were an emancipated minor. The court must be located in your state of legal residence.

In Legal Guardianship

Please attach a copy of the court's decision that you are/were in legal guardianship. The court must be located in your state of legal residence.

When you were age 13 or older, were:

Both parents deceased

Please provide original death certificates of both parents, along with your original birth certificate.

In Foster Care or a Dependent/Ward of the Court

Please attach documentation from your social worker or Independent Living Program counselor showing your status and when it ends.

At any time on or after July 1, 2017, were you:

An Unaccompanied Homeless Youth

If you are 23 years of age or younger or still enrolled in high school, not living in the physical custody of your parent or guardian, and are homeless or at risk of being homeless, you must provide documented proof verifying your living situation.*

*Acceptable proof includes written documentation (the agency's name, address, phone number, and authorized signature is required) from: your high school or school district homeless liaison, the director of an emergency shelter, the director of a transitional housing program, or the director of a runaway or homeless youth center.

Please attach all documentation to this letter and return to your Financial Aid Office. If you have questions about what documentation is required to verify your status, contact the Financial Aid Office.

Student Signature: _____ **Date:** _____