Financial Aid Services
100 Morrissey Blvd.
Boston, MA 02125-3393
617.287.6300
Fax: 617.287.6323
finaid@umb.edu

# DEPENDENCY STATUS VERIFICATION

| | | | |
|---|---|---|---|
| **Name** | _____ | **SSN** | _____ |
| **Address** | _____ | **Student ID** | _____ |
| **City, State, ZIP** | _____ | **Date of Birth** | _____ |
| **Email** | _____ | **Phone** | _____ |

Financial Aid Services has received your application for federal financial aid for the 2009-2010 academic year. On your application for aid, you answered 'YES' to one or more of the three questions regarding being homeless or being at risk of homelessness. Based on your responses, additional information is now needed.

For each of the three questions, the following definitions apply:

**HOMELESS** means lacking fixed, regular and adequate housing, which includes living in shelters, motels or cars, or temporarily living with other people because you had nowhere else to go.

**UNACCOMPANIED** means you are not living in the physical custody of your parent or guardian.

**YOUTH** means you are 21 years of age or younger **OR** you are still enrolled in high school as of the day you sign this application.

**Y / N** **At any time on or after July 1, 2008, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless?**

If yes, attach a letter from the liaison on the school's letterhead.
A list of Massachusetts' liaisons is available at http://www.doe.mass.edu/mv/homeless.asp.

**Y / N** **At any time on or after July 1, 2008, 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?**

If yes, attach a letter (on letterhead) from the shelter or program that made the determination.

**Y / N** **At any time on or after July 1, 2008, 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?**

If yes, attach a letter (on letterhead) from the program that made the determination.

## CERTIFICATION

*By signing this form, I certify all information reported on this form and within the enclosed documentation is complete and correct. I understand that providing false or misleading information may result in a $10,000 fine, a prison sentence, or both, according to the Higher Education Act of 1965, as amended, Section 490(a). Any false or misleading information is subject to cancellation of all Federal financial assistance.*

_____ _____
***Student Signature*** ***Date***

***WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.***