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2022-2023 Student Dependency Status Form

PLEASE PRINT				
	S NAME:			
HOLY FAM	ILY ID:	SOCIAL SECURITY NUMBER:		
ADDRESS:	STREET ADDRESS	CITY	STATE	ZIP
DAYTIME F	PHONE:	EVENING PHONE:		
verify this status, plea	Free Application for Federal Student Aid (FA ase complete the following information and peceives this completed form with documenta	provide the required documentation. Your fi		
YES 🗆 NO 🗅	ward of the court? Answer "yes" if you he if you are now adopted. Answer "yes" if you in foster care as of today. Answer "yes" if you are no longer a dependent or ward of the court of the court of the court.	poth your parents deceased, were you in lad no living parent (biological or adoptive) ou were in foster care at any time since you you were a dependent or ward of the court of the court as of today. Attach proof that of where you lived and how you supported	at any time since you I turned age 13, even at any time since you you were in foster ca	turned age 13, even if you are no longer turned age 13, even are of a dependent
YES D NO D	Are you or were you an emancipated minor as determined by a court in your state of legal residence? Answer "yes" if you can provide a copy of a court's decision that as of today you are an emancipated minor. Also answer "yes" if you can provide a copy of a court's decision that you were an emancipated minor immediately before you reached the age of being an adult in your state. The court must be located in your state of legal residence at the time the court's decision was issued. Attach a copy of the court documentation.			
YES D NO D	residence? Answer "yes" if you can provi custody). Also answer "yes" if you can procustody) immediately before you reached	hip (not legal custody) as determined by de a copy of a court's decision that as of too ovide a copy of a court's decision that you we the age of being an adult in your state. The ision was issued. Attach a copy of the co	day you are in legal gu vere in legal guardians e court must be locate	uardianship (not legal ship (not legal
YES • NO •	an unaccompanied youth who was hom means lacking fixed, regular and adequate camping grounds, cars, abandoned buildin "Unaccompanied" means you are not livin	I your high school or school district hom neless or were self-supporting and at ris e housing, which includes living in shelters, ngs or temporarily living with other people b g in the physical custody of your parent or garent, you may be considered homeless even ination.	k of being homeless parks, motels, hotels, pecause you had nowh guardian. Also, if you	? "Homeless" public spaces, here else to go. are living in any of
YES D NO D	by the U.S. Department of Housing and was homeless or were self-supporting adequate housing, which includes living ir buildings or temporarily living with other pliving in the physical custody of your parer	I the director of an emergency shelter or I Urban Development determine that you and at risk of being homeless? "Homele a shelters, parks, motels, hotels, public spaceople because you had nowhere else to go not or guardian. Also, if you are living in any even if your parent would otherwise provide	were an unaccompa ss" means lacking fixe ces, camping grounds . "Unaccompanied" m of these situations ar	anied youth who ed, regular and cars, abandoned deans you are not and fleeing an abusive
YES D NO D	program determine that you were an unbeing homeless? ""Homeless" means lac motels, hotels, public spaces, camping grand nowhere else to go. "Unaccompanied	I the director of a runaway or homeless ynaccompanied youth who was homeless ching fixed, regular and adequate housing, younds, cars, abandoned buildings or tempod" means you are not living in the physical old fleeing an abusive parent, you may be contact proof of this determination.	or were self-suppor which includes living in rarily living with other custody of your parent	ting and at risk of n shelters, parks, people because you or guardian. Also, if
certify under penal	lty of perjury that the information provide	ed on this form and attached is true and o	correct to the best of	f my knowledge.
SIGNATURE:		DATE	:	

Return completed form and required documentation by uploading to your Self-Service account or return to the address or fax number at the top of this form. Contact us at the phone number or email address above with any questions.