

DEPENDENCY STATUS CERTIFICATION

ACADEMIC YEAR 2023-2024

DIRECTIONS

We have completed the initial review of your 2023-2024 FAFSA and have determined that we need additional information regarding your Independent status. Please complete this form, <u>attach the appropriate documentation</u> and return to Enrollment Services.

Send Completed Form To:

University of Rhode Island Enrollment Services Green Hall 6 Rhody Ram Way Kingston, RI 02881 USA

Phone: (401) 874-9500 Fax: (401) 874-2002 Email: esmail@etal.uri.edu Website: web.uri.edu/enrollment

SECTION A. Student Information	
Name (last, first, middle initial)	Student ID
Dhana (include avec code)	Dirth data (mm/dd/nnn)
Phone (include area code)	Birth date (mm/dd/yyyy)
SECTION B. Dependency Information	
For each question, check the box to indicate your answer	
You were born before January 1, 2000yes	
You are married. Also answer yes if you are separated but not divorced yes	
You are enrolled in a graduate or professional degree program	
You currently serve on active duty in the armed services for purposes other than training	
You are a veteran of the United States Armed Servicesyo	
You have children who receive more than half of their support from you, now and through June 30, 2024	
You have other dependents who receive more than half of their support from you, now and through June 30,2024	
When you were age 13 or older, both your parents were deceased, you were in foster care	
or you were a ward of the stateyes	
Someone other than your parent or stepparent has legal guardianship of you as determined by a court in your	
state of legal residence?	
You were determined to be an unaccompanied homeless youth at risk of being homeless runaway or homeless center/shelter on or after July 1, 2022	
You were determined to be an unaccompanied homeless youth by your high school distri- of an emergency shelter program on or after July 1, 2022	
SECTION C. Student Certification	
You must sign this form certifying that the information provided is complete and correct. Misrepresentation of facts in connection with this form may be sufficient cause, in and of itself, for cancellation or repayment of financial aid, whenever discovered. If you purposely give false or misleading information on this form, you may be fined, sentence to jail, or both.	
Student Signature	Date

