



## Le Moyne College Dependency Status Verification Form

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Student ID#

**Please complete this form by selecting at least one of the following circumstances that apply to you and attach the required documentation when you return the completed form to the Financial Aid Office.**

\_\_\_\_ I was born before January 1, 2001. My birth date is \_\_\_\_\_. **Additional documentation may be requested if we cannot confirm this date in our records.**

\_\_\_\_ I am a Graduate/Professional student. **No further documentation is required.**

\_\_\_\_ I am an orphan, was in foster care, or was a dependent or ward of the court (at any point after you turned age 13). **Attach a copy of court documentation or applicable supporting documentation.**

\_\_\_\_ I have a legal dependent other than a spouse. **Attach a copy of a tax return on which you claimed a dependent or a signed statement attesting to your financial support of a child/children or legal dependent. Note: support is defined as providing more than 50% of support for the whole year.**

\_\_\_\_ I am currently serving on active duty in the U.S. Armed Forces for purposes other than training. **Attach a copy of your recent military orders to confirm your federal active duty status.**

\_\_\_\_ I am a veteran of the U.S. Armed Forces and received an honorable discharge. **Attach a copy of your DD-214 form.**

\_\_\_\_ I am an emancipated minor as determined by a court in my legal state of residence. **Attach copy of court documentation.**

\_\_\_\_ I am in legal guardianship as determined by a court in my legal state of residence. **Attach copy of court documentation.**

\_\_\_\_ I am/was an unaccompanied homeless youth at any time on or after July 1, 2023 as determined by my high school or school district homeless liaison, or by the director of an emergency shelter program funded by the U.S. Department of Housing and Urban Development. **Attach appropriate supporting documentation confirming your status.**

\_\_\_\_ I am self-supporting and at risk of being homeless as determined by the director of a runaway or homeless youth basic center or transitional living program. **Attach appropriate supporting documentation confirming your status.**

\_\_\_\_\_ I am self-supporting and at risk of being homeless and **cannot** provide confirmation of my status. I have provided details of my circumstances below and am requesting determination of my status as a student who is homeless or at risk of homelessness by the Le Moyne College Financial Aid Office. Please provide details of your circumstances confirming that you are homeless or at risk of homelessness in the space below (**you only need to complete this statement if you cannot provide documentation that you are self-supporting and at risk of being homeless**):

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**Student Signature**

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**Date**