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<http://www5.njit.edu/financialaid/sites/financialaid/files/lcms/docs/UploadingDocuments.pdf>  
**Mail or Fax:**  
 Student Financial Aid Services  
 NJIT - Student Mall, University Heights  
 Newark, NJ 07102 Fax: 973-596-2460

## Dependency Status Verification 2018–2019

### STUDENT INFORMATION

Last Name	First Name	M.I.	NJIT ID
Student's Street Address (include apt. no.)			NJIT Email
City	State	Zip Code	Phone Number

On your Free Application for Federal Student Aid (FAFSA), you answered 'YES' to one or more of the questions regarding your dependency status. Please review each question carefully and check the box for "Yes" or "No". You must provide supporting documentation before we can determine your financial aid eligibility.

DEPENDENCY STATUS QUESTIONS	YES	NO
Were you born before January 1, 1995?		
As of today, are you married? (Also answer "Yes" if you are separated but not divorced.)		
At the beginning of the 2018-2019 school year, will you be working on a master's or doctorate program (such as an MA, MBA, MD, JD, PhD, Ed.D, graduate certificate, etc.)?		
Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training?		
Are you a veteran of the U.S. Armed Forces?		
Do you now have or will you have children who will receive more than half of their support from you between July 1, 2018 and June 30, 2019?		
Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2019?		
At any time since you turned age 13, were both your parents deceased, were you in foster care or were you a dependent or ward of the court?		
As determined by a court in your state of legal residence, are you or were you an emancipated minor? Note: The State of New Jersey does not recognize the status of Emancipated Minor.		
As determined by a court in your state of legal residence, are you or were you in legal guardianship? Note: Answer "No" if you live with your legal parents (biological/adoptive).		
At any time on or after July 1, 2017, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?		
At any time on or after July 1, 2017, 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 or were self-supporting and at risk of being homeless?		
At any time on or after July 1, 2017, 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?		

**REQUIRED DOCUMENTS (AS APPLICABLE)**

Please check the box for the documents you are attaching with this form.

- Marriage Certificate
- Proof of Active Duty
- DD214 for Veterans
- Proof that you provide more than half support to children/dependents
- Death Certificate for both parent(s)
- Agency/Court documents to prove you are/were in foster care or ward of the court
- Court documents indicating you are an Emancipated Minor (NJ does not recognize emancipated minor status)
- Court document showing you are/were in Legal Guardianship
- Documentation from School district homeless liaison for homeless determination
- Documentation from the director of emergency shelter or transitional housing program for homeless determination
- Documentation from the director of a runaway or homeless youth basic center or transitional living program for homeless determination

**Note: If you do not meet any of the criteria listed on page 1, then you are a dependent student and must correct the answers to the dependency questions on the FAFSA ([www.fafsa.gov](http://www.fafsa.gov)) and also provide parental information. Your parent must also sign the FAFSA electronically. Please inform our office once the FAFSA corrections have been submitted.**

If you believe that you have extenuating circumstances that should be considered in making the dependency determination, please contact our office.

**CERTIFICATION AND SIGNATURES**

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported or should be reported on the FAFSA, must sign and date. **Warning:** If you purposely give false or misleading information, you may be fined, sent to prison, or both. **Computer generated signatures are not acceptable.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (Required for Dependent Students)

\_\_\_\_\_  
Date