



Office of Financial Aid
 1704 S. Slappey Blvd.
 Albany, Ga 31701
Finaid@albanytech.edu
 Fax: 229-461-4152

**Dependency
Validation
2022-23 School Year**

Student Name: _____

Student ID: 900

Your financial aid status as an independent student is based solely on your answer to questions 52-57 of the FAFSA regarding your status as an orphan, ward of the court, emancipated minor, legal guardianship, or an unaccompanied youth. Please check the status that best represents your situation and submit the required documentation. We cannot process your aid until the documentation has been received. **Review and processing of this information will take approximately 30 days.**

Other Independent Statuses	
<input type="checkbox"/>	<p>AT ANY TIME SINCE I TURNED 13, I HAVE BEEN AN ORPHAN, BOTH OF MY BIOLOGICAL AND/OR ADOPTIVE PARENTS ARE DECEASED. Provide copies of both parents' death certificates and student's birth certificate indicating parent(s)' name or other official documentation indicating parental relationship.</p> <p>Biological / Adoptive Parent 1 Name: _____ Date of Death: _____ Biological / Adoptive Parent 2 Name: _____ Date of Death: _____</p>
<input type="checkbox"/>	<p>AT ANY TIME SINCE I TURNED 13, I HAVE BEEN IN FOSTER CARE. Provide legal documentation from your state of residency.</p>
<input type="checkbox"/>	<p>AT ANY TIME SINCE I TURNED 13, I AM OR WAS A DEPENDENT OR WARD OF THE COURT. Provide copies of court decrees which confirm court actions.</p>
<input type="checkbox"/>	<p>I AM AN EMANCIPATED MINOR AS DETERMINED BY A COURT IN MY STATE OF RESIDENCE, OR I WAS EMANCIPATED OR IN A LEGAL GUARDIANSHIP IMMEDIATELY BEFORE REACHING THE AGE OF ADULTHOOD IN MY STATE OF RESIDENCE. Provide a copy of the court's decision. Court must be located in your state of legal residence (at the time of the decision).</p>
<input type="checkbox"/>	<p>AT ANY TIME ON OR AFTER JULY 1, 2021 I RECEIVED A DETERMINATION THAT I WAS AN UNACCOMPANIED YOUTH WHO WAS HOMELESS OR AT RISK OF BEING HOMELESS. THIS DETERMINATION WAS MADE BY:</p> <p><input type="checkbox"/> High school or school district homeless liaison. <input type="checkbox"/> Director of a emergency shelter or transitional housing program funded by the US Department of Housing and Urban Development. <input type="checkbox"/> Director of a runaway or homeless youth basic center or transitional living program.</p> <p>Provide documentation indicating the determination.</p>
<input type="checkbox"/>	<p>I DO NOT MEET ANY OF THE ABOVE STATUSES. I understand that an adjustment of my FAFSA will be made.</p>

Certification Statement

I certify that the information on this form is complete and correct to the best of my knowledge. I also understand that if I give false or misleading information, I may be fined, jailed, or both.

Student Signature: _____

Date: _____

For Office use only
 Ready for Review: _____ Review: _____ Acceptable Not Acceptable

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