

## 2024–2025 Independent Documentation Form

When the Department of Education processed your FAFSA, you selected that you were independent based on one of the following reasons listed below. To continue processing your file, you will need to submit documentation to confirm this status.

Please complete and return this form and any requested documentation to the Office of Financial Aid. Documents may be uploaded online by visiting our Financial Aid Forms webpage: <a href="http://www.ubalt.edu/admission/financial-aid/resources/forms.cfm">http://www.ubalt.edu/admission/financial-aid/resources/forms.cfm</a> or faxed to 410.837.5493, or dropped off in person at the Office of Financial Aid.

Please allow 3-5 business days for your MyUB Portal "To Do List" to be updated once submitted.

Last Name		First Name	M.I. Student ID Number (begins with 1 or3)	
Em	nail Address	Telephone Number	Date of Birth	
В.	SELECT ONE OPTION			
Op	otion 1: I have children fo	or whom I provide more than 50% of the	eir support. Please submit all the following:	
	A birth certificate for yo	e for your child <u>OR</u> a letter from doctor confirming date of birth within the academic year		
	A 2022 or 2023 Tax Ret	A 2022 or 2023 Tax Return Transcript showing child claimed as your dependent		
	Proof of health insurance	ce for the child under your policy OR p	roof you are seeking prenatal care	
	If Applicable provide t	ne following below:		
	Documentation of day	care expenses that show you paid fo	r childcare cost	
	A separation agreeme	ent or court order showing custody and	d child support arrangement for child	
Op	otion 2: I have a legal de	pendent for whom I provide more than	n 50% of their support. Please submit:	

Any legal guardianship, custody documentation or other documentation that you have to support your

Death Certificate of both parents (if only one parent is listed on birth certificate, also submit student's

Official court documentation that appoints your status as a "ward of the court" after age 12 A letter from the DHR of Maryland that documents that you were in foster care after age 12 (or

A 2022 Tax Return Transcript showing dependent as claimed

documentation from the state in which you were in foster care)

Option 3: I am an orphan, ward of the court or have foster care status. Please submit:

legal claim for your dependent

Documentation of adoption

birth certificate)

Option 4: I am or was under Legal Guardianship. Please submit:
A copy of the court's decision that you are or were in legal guardianship immediately prior to reaching the age of adulthood in your state of legal residence
Option 5: I am or was an Emancipated Minor. Please submit: (Note: The State of Maryland does not recognize emancipated minors)
A copy of the court's decision documenting that you are or were an emancipated minor in your state of legal residence
Option 6: I am/was at Risk of Homelessness or I am/was an Unaccompanied Youth as determined by a runaway or homeless youth center, transitional living program, or the U.S. Department of Housing and Urban Development (HUD). Please submit:
Documentation from the director or designee of a runaway or homeless youth basic center or transitional living program that determines that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless. Must be provided on the organization's letterhead.
Documentation from the director of an emergency shelter or transitional housing program funded by the U.S.Department of Housing and Urban Development that determines that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless. Must be provided on the organization's letterhead.
If the above is not available, the student can submit two signed and notarized statements from two recorganized third party sources who can confirm your unaccompanied youth status. (Recognized third part sources may include private or publicly funded homeless shelters and service providers, college access programs such as TRIO and GEAR UP, college or high school counselors, other mental health professionals social workers, mentors, doctors, and clergy). All must be provided on the organization's letterhead.
Option 7: I am at Risk of Homelessness or I am an Unaccompanied Youth as determined by a School District Liaison (SDL). Please submit:
A copy of your Unaccompanied Youth determination from your high school or school district homeless liaison
Option 8: None of these options apply to me.
Make corrections to your FAFSA at <u>studentaid.gov</u> , updating your dependency status and providing pare information, as requested.
C. SIGN THIS WORKSHEET
By signing this worksheet, I (we) certify that all the information reported on this worksheet to qualify for federa student aid is complete and correct. If you are dependent for financial aid purposes, at least one parent mussign. Warning: If you purposely give false or misleading information on this worksheet, you may be fined or sentenced to jail or both.
Student's signature Date