



**Office of Student Financial Aid and Student Employment
2009-2010 Independent Status/Evidence of Support**

Student's Name: _____ Student ID: _____

SSN: _____

A review of your 2009-2010 Federal Application for Federal Student Aid (FASFA) indicates that your total income from all sources for the base year 2008 appears to be unusually low. Federal Regulations state that in order to answer yes to the question "Do you have children who receive more than half of their support from you?" you must have enough income to show that this is true. If you are unable to show that you provide more than half of the support for the child, you may be considered dependent for Financial Aid purposes, and may need to provide parental information. Please submit ALL of the information requested on this form to the Office of Student Financial Aid.

- **Failure to submit sufficient documentation may delay your financial aid award.**

SECTION A: PROOF OF CUSTODY

1. Please provide proof of custody for the dependent listed on your application from one (1) of the following sources:
 - Court Documentation
 - Letter from professional source (lawyer, case worker, clergy, etc.)
 - Birth Certificate

SECTION B: PROOF OF CURRENT INCOME

2. Please provide proof of ALL income received by you in **2009**. The following items are acceptable documentation:
 - Current pay stubs showing year to date wages (must be sufficient to show supporting dependent)
 - Verification that you are receiving child support
 - Printout from Human Services verifying amounts of cash assistance
 - 1099 from Social Security Administration verifying Social Security Benefits

SECTION C: LIVING ARRANGEMENT

3. Please provide documentation of living arrangement. This is needed to determine self sufficiency status. The following documents are acceptable
 - Rental/Lease agreement for the current year
 - Section 8 Housing agreement
 - Mortgage

All three types of documentation must be provided (custody, income, and living arrangement). We will review your file and if any additional information is required, we will contact you.

By signing this worksheet, I certify that all the information reported to qualify for student financial aid is true and accurate. I understand that if documentation is missing, my financial aid will be delayed.

Student signature: _____ **Date:** _____

PLEASE RETURN TO: The University of Akron, Office of Student Financial Aid, Akron, OH 44325-6211