

Lakeland ID Number (LID)

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Last Name: _____

First Name: _____

Phone Number: (_____) _____

We have completed the initial review of your Free Application for Federal Student Aid (FAFSA). You are being asked to verify that you meet the criteria to be considered an independent student. **Processing of your financial aid cannot be completed until this form and all required documents are submitted to Lakeland's Financial Aid Office.**

Please answer **Yes** or **No** for each of the statements below. If you answer **Yes** to any statement, please provide the requested documentation.

1. At any time since you turned age 13, were both of your parents deceased, were you in foster care, or were you a dependent or ward of the court? Yes No
 - a) If both of your parents are deceased and you do not have adoptive parents, you must provide copies of both parents' death certificates.
 - b) If you were in foster care, or a dependent or a ward of the court, you must attach a copy of the entire court document or a letter from a social services agency indicating your status with applicable dates.

2. As determined by a court in your state of legal residence, are you or were you an Emancipated Minor? **Provide court documentation.** Yes No

3. As determined by a court in your state of legal residence, are you or were you in a legal guardianship? **Provide court documentation.** Yes No

Name of Guardian: _____ Relationship to You: _____

4. Are you an unaccompanied youth? **Provide documentation from a high school homeless liaison, director of emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development, or a director of a runaway or homeless youth basic center or transitional living program showing that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless on or after July 1, 2021.**

If you have already provided the documentation to Lakeland, please check here.

Statement of Certification:

By signing below, I certify that the information provided to document my situation above is true and complete. By signing this form, I certify that all the information reported on this form is accurate and complete as of this date. **Warning: Purposely providing false or misleading information on this form is punishable by fine and/or imprisonment.**

Student's Signature: _____ Date: _____

Complete this form and return:*

- By Fax:** 440.525.7704
- By Mail:** Lakeland Community College • 7700 Clocktower Drive • Kirtland, OH 44094-5198
- By [Secure Upload](https://lakelandcc.edu/financialaid):** Visit lakelandcc.edu/financialaid • Under Related LINKS (right side of page), select Financial Aid Documents Secure Upload link
- In Person:** Lakeland Student Service Center • located in Building A-1003

**Please do not send documents through email as it is not a secure format.*

_____ *For Office Use Only* _____

Comments: _____

Initials: _____ Date: _____