



### Verification of Independent Status

**Student Name:** \_\_\_\_\_ **ID# or Last 4 of SSN:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

Your 2026-2027 FAFSA indicated that you are an independent student based on your response to at least one of the criteria listed below. In order to determine your financial aid eligibility, the Student Financial Aid Office needs you to confirm your independent status.

**Please mark the independent status you listed on the FAFSA and attach the supporting documentation required.**

\*If you do not meet any of the criteria for independent status listed below, you will be required to correct the dependency question on your FAFSA and update it to include parental information and a parental signature.

NOTE: Additional documentation may be requested for clarification.

Independent Status Eligibility Criteria		Supporting Documentation Required
	I am married.	Attach a copy of your marriage certificate.
	Do you now have or will you have children who will receive more than half of their support from you between July 1, 2026 and June 30, 2027?	Attach a copy of your children(s) birth certificate(s) and 2024 Tax Return Transcript from the IRS and/or other supporting documentation to confirm financial support.
	I have a legal dependent other than a spouse, who will receive 51% or more of his/her financial support from me between now and June 30, 2027.	Attach a copy of your 2024 Tax Return Transcript from the IRS and other supporting documentation to confirm financial support.
	On or after July 1, 2025, I was homeless or at risk of being homeless.	Attach a letter on official letterhead from a High School district homeless liaison or the director of a U.S. Department of Housing and Urban Development funded homeless shelter or the director of a runaway or homeless youth basic center or transitional living program confirming this status.
	I answered the FAFSA incorrectly and none of these conditions apply to me.	Update your 2026-2027 FAFSA by changing your answer(s) to the dependency questions and include your parental information and parental signature.

By signing below, I certify that all of the information reported is complete and correct.

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**WARNING: If you purposely give false or misleading information in an attempt to obtain federal financial aid, you may be fined up to \$20,000 and/or incarcerated.**

**Please return this worksheet and supporting documentation to:**  
Gwynedd Mercy University, Student Financial Aid Office  
1325 Sumneytown Pike, P.O. Box 901 • Gwynedd Valley, PA • 19437-0901  
Phone: 215-646-7300 Ext. 21216 • Fax: 215-641-5556 • Email: financialaid@gmercyu.edu