



## 2014-2015 STATUS CONFIRMATION FORM

You answered “Yes” on your 2014-2015 Free Application for Federal Student Aid (FAFSA) to one or more of the statements below. Please read each statement carefully and complete the following steps:

- 1. Place a check mark by the statement(s) that applies to you.
- 2. Provide the documents requested for that statement.
- 3. Sign this document and return both this form and the documentation to: Financial Aid Office, Columbus State University, 4225 University Avenue, Columbus, GA 31907 or fax to 706-568-2230

\_\_\_ **Since I turned age 13, both of my parents were deceased.**

Documents required – A copy of each parents’ death certificate.

\_\_\_ **Since I turned age 13, I was in foster care.**

Document required – A statement from the Department of Family and Children Services (on the agency’s letterhead) indicating that you were a foster child and the period of time of foster care.

\_\_\_ **Since I turned age 13, I was a dependent or ward of the court.**

Document required – A copy of a court’s decision indicating that you were a dependent or ward of that court and identifying the period of time of this status.

\_\_\_ **I am/was an emancipated minor. This status was determined by a court in my state of legal residence before I reached age 18.**

Document required – A copy of a court’s decision that indicates you are/were an emancipated minor which includes the date of this determination.

\_\_\_ **I am/was in legal guardianship. This status was determined by a court in my state of legal residence before I reached age 18.**

Note: This status is not applicable if the court decision was not in effect at the time you reached age 18 or you are still a minor and the court decision is no longer in effect.

Document required – A copy of a court’s decision that indicated you are/were in legal guardianship and the period of time of this status.

\_\_\_ **On or after 7/1/13 and while I was under the age of 22, a director of a runaway or homeless youth basic center or transitional living program determined that I was homeless or self-supporting and at risk of being homeless.**

Document required – A statement (on the agency’s letterhead) from a director of a runaway or homeless youth basic center or transitional living program indicating that you were determined to be homeless or self-supporting and at risk of being homeless and when the determination was made..

\_\_\_ **On or after 7/1/13 and while I was under the age of 22, my high school or school district homeless liaison, a director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determined that I was an unaccompanied youth who was homeless.**

Document required – A statement (on the agency’s letterhead) from your high school or school district homeless liaison, a director of an emergency shelter or transitional housing program indicating that you were determined to be an unaccompanied youth who was homeless and when the determination was made.

Student Signature \_\_\_\_\_ CSU ID # \_\_\_\_\_

Date \_\_\_\_\_

**REQUIRED DOCUMENTS MUST BE ATTACHED TO THIS SIGNED FORM.**

*If you indicated a “Yes” answer on these statements in error on your 2014-2015 FAFSA, please correct the information at [www.fafsa.ed.gov](http://www.fafsa.ed.gov) and provide parent’s income information and signatures.*