

2026-2027 Independent Student Clarification Request

On your 2026-2027 Free Application for Federal Student Aid (FAFSA), you indicated that you are an independent student for financial aid purposes due to one of the reasons listed below. Our office must verify your status as an independent student.

INSTRUCTIONS: Answer the questions below and submit this form along with the required document(s) listed to the Financial Aid Office. If you have any questions, contact our office at (614) 251-4778 or finaid@ohiodominican.edu.

A. Student Information

<hr/> Last Name	<hr/> First Name	<hr/> MI	<hr/> ODU Student ID Number or Last 4 of SSN
<hr/> Phone Number (including area code)			<hr/> Date of Birth

B. Dependency Questions

- Are you married?
 - ☐ Yes. If yes, **submit** a *copy* of your marriage certificate or license.
 - ☐ No. Continue with this form.
- Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training?
 - ☐ Yes. If yes, **submit** a *copy* of the original statement of service signed by, or by direction of, the adjutant, personnel officer, or commander of your unit or higher headquarters **which identifies you and your social security number**, and provides your date of entry on your current active-duty period and the duration of any time lost.
 - ☐ No. Continue with this form.
- Are you a veteran of the U.S. Armed Forces?
 - ☐ Yes. If yes, **submit** a copy of your DD-214.
 - ☐ No. Continue with this form.
- Do you have children who live with you and receive more than half of their support from you, now and between July 1, 2026, and June 30, 2027?
 - ☐ Yes. If yes, **complete Section C**, include the name(s) of your child or children, AND your source(s) of income to support the child or children *more than 50%*.
 - ☐ No. Continue with this form.
- Do you have dependents (other than your children or spouse) who live with you and receive more than half of their support from you, now and between July 1, 2026, and June 30, 2027?
 - ☐ Yes. If yes, **complete Section C**, include the name(s) of your dependents (other than your child, children or spouse), AND your source(s) of income to support the dependent(s) *more than 50%*.
 - ☐ No. Continue with this form.
- Are both of your biological or adoptive parents deceased?
 - ☐ Yes. If yes, **submit** a *copy* of the death certificate for **both** your biological or adoptive father and mother.
 - ☐ No. Continue with this form.

- *At any time since you turned age 13*, were you in foster care or were you a ward of the court?
 - ☐ Yes. If yes, **submit** formal documentation of your status in foster care or as a ward of the court, *even if you are no longer a dependent or ward of the court today*.
 - ☐ No. Continue with this form.
- *As determined by a court* in your state of legal residence, are you or were you a legally emancipated minor?
 - ☐ Yes. If yes, **submit** a *copy* of the court's decision that, as of today, you are an emancipated minor or were an emancipated minor immediately before you reached the age of being an adult in your state of residence.
 - ☐ No. Continue with this form.
- *As determined by a court* in your state of legal residence, does someone other than your parent or stepparent have legal guardianship of you?
 - ☐ Yes. If yes, **submit** a *copy* of the court's decision that, as of today, you are in legal guardianship in your state of residence or you were in legal guardianship immediately before you reached the age of being an adult in your state of residence.
 - ☐ No. Continue with this form.
- *At any time on or after July 1, 2025*, did your high school or school district homeless liaison or designee determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?
 - ☐ Yes. If yes, **submit** the supporting documentation from the school or school district official who made the determination.
 - ☐ No. Continue with this form.
- *At any time on or after July 1, 2025*, did the director or designee of an emergency or transitional shelter, street outreach program, homeless youth drop-in center, or other program serving those experiencing homelessness determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?
 - ☐ Yes. If yes, **submit** the supporting documentation from the director who made the determination.
 - ☐ No. Continue with this form.
- *At any time on or after July 1, 2025*, did the director or designee of a project supported by TRIO or GEAR UP program grant determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?
 - ☐ Yes. If yes, **submit** the supporting documentation from the director who made the determination.
 - ☐ No. Continue with this form.

If none of the previous reasons describe your status, you are considered a Dependent student. As a result, you must go to studentaid.gov to access your existing FAFSA, make corrections, and add parent/contributor(s) information.

If you have no contact with your parents and do not know where they live, you should discuss your situation with our office to determine what to do next.

If you are not sure who to report as your parent, check out Reporting Parent Information at <https://studentaid.gov/apply-for-aid/fafsa/filling-out/parent-info>.

C. Income Information (if requested in Section B)

1. Complete the following section for you, your spouse, and any dependents. Be sure to give an answer for EACH space. Do not leave any space blank. Enter 0 if an item does not apply to you.

2026 Expenses	Student/Spouse
Housing/Rent/Mortgage	\$ /month <i>*If 0, explain in section 2.</i>
Food/ Household items	\$ /month <i>*If 0, explain in section 2.</i>
Utilities (electric, gas, water, etc.)	\$ /month <i>*If 0, explain in section 2.</i>
Cell Phone(s)	\$ /month <i>*If 0, explain in section 2.</i>
Car Loan	\$ /month <i>*If 0, explain in section 2.</i>
Car Insurance	\$ /month <i>*If 0, explain in section 2.</i>
Gas/Auto Maintenance	\$ /month <i>*If 0, explain in section 2.</i>
Public Transportation	\$ /month <i>*If 0, explain in section 2.</i>
Vision/Dental	\$ /month <i>*If 0, explain in section 2.</i>
Health Insurance	\$ /month <i>*If 0, explain in section 2.</i>
Childcare	\$ /month <i>*If 0, explain in section 2.</i>
Clothing	\$ /month <i>*If 0, explain in section 2.</i>
Recreation/Entertainment	\$ /month <i>*If 0, explain in section 2.</i>
Other (specify):	\$ /month
2026 TOTAL EXPENSES	\$ /month

2026 Income	Student/Spouse
Income from Work	\$ /month
Social Security Benefits	\$ /month
Child Support	\$ /month
Alimony or Separation Maintenance	\$ /month
Veteran Benefits	\$ /month
Unemployment Compensation	\$ /month
Disability Benefits	\$ /month
Welfare Benefits	\$ /month
Food Stamps	\$ /month
Pensions or Retirement Benefits	\$ /month
Worker’s Compensation	\$ /month
Housing/Food/Other allowances from military, church, family, etc.	\$ /month
Money paid on your behalf toward living costs or education	\$ /month
Refunds (Tax return, student loan, etc.)	\$ /month
Other (specify):	\$ /month
2026 TOTAL INCOME	\$ /month

****TOTAL EXPENSES must be equal to or less than TOTAL INCOME.**

2. In addition to the information provided above, please write a detailed explanation for any expenses listed as 0. The information written below should explain how you are able to meet the minimum living standards for your household size in 2026.

D. Certification and Signatures

Student Signature

Date _____

E. Submit Completed Form to:

Financial Aid Office, Ohio Dominican University, 1216 Sunbury Road, Columbus, OH 43219 Fax: (614) 253-3499