

## Financial Aid Office

1032 West Sheridan Road  
Sullivan Center Room 190  
Chicago, Illinois 60660  
Phone: 773.508.7704

Scan completed form and upload to <https://forms.luc.edu/faupload>



Preparing people to lead extraordinary lives

### 2026-2027 Dependency Status Verification

**Student Name:** \_\_\_\_\_  
(Please print)

**Loyola ID:** \_\_\_\_\_  
(Your 11-digit Loyola ID number begins 0000)

A student can be considered independent for financial aid purposes by meeting certain criteria. Please review the criteria below, noting any that apply to your situation, and return this form to the Financial Aid Office. Please read this form carefully.

1. **At any time on or after July 1, 2025, were you unaccompanied and either homeless or at risk of being homeless?**

Yes  No

If “Yes”, did any of the following determine you were homeless or at risk of becoming homeless?  
*You are required to submit your supporting documentation to the Financial Aid Office for additional review. Documentation must be submitted with the completion of this form. Select all that apply:*

- Director of designee of an emergency or transitional shelter, street outreach program, homeless youth drop-in center, or other program serving those experiencing homelessness;
- Your high school or school district homeless liaison or designee;
- Director or designee of a project supported by a federal TRIO or GEAR UP program grant;
- Financial Aid Administrator (FAA).
- You are unable to provide documentation from one of the above sources.  
*A Financial Aid Counselor will follow-up with you directly about next steps.*

2. **Are you or were you an emancipated minor as determined by a court in your state of legal residence?**

Yes  No

Answer “Yes” if you can provide a copy of a court’s decision that as of today you are an emancipated minor or are in legal guardianship.

**OR**

Answer “Yes” if you can provide a copy of a court’s decision that you were an emancipated minor or were in legal guardianship immediately before you reached the age of being an adult in your state. The court must be located in your state of legal residence at the time the court’s decision was issued.

**OR**

Answer “No” if you are still a minor and the court decision is no longer in effect or the court decision was not in effect at the time you became an adult.

Note that the financial aid administrator at your college may require you to provide proof that you were an emancipated minor or in legal guardianship.

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Student Name: \_\_\_\_\_  
(Please print)

Loyola ID: \_\_\_\_\_  
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3. **At any time since you turned age 13, were both your parents deceased, were you in foster care or were you a dependent or ward of the court?**  Yes  No

Answer “Yes” if you had no living parent (biological or adoptive) at any time since you turned age 13, even if you are now adopted.

**OR**

Answer “Yes” if you were in foster care at any time since you turned age 13, even if you are no longer in foster care as of today.

**OR**

Answer “Yes” if you were a dependent or ward of the court at any time since you turned age 13, even if you are no longer a dependent or ward of the court as of today.

Note that for federal student aid purposes, a ward of the court is not someone who is incarcerated.

4. **Are you, or were you, in legal guardianship as determined by a court in your state of legal residence?**  Yes  No

Answer “Yes” if you can provide a copy of a court’s decision that as of today you are an emancipated minor or are in legal guardianship.

**OR**

Answer “Yes” if you can provide a copy of a court’s decision that you were an emancipated minor or were in legal guardianship immediately before you reached the age of being an adult in your state. The court must be located in your state of legal residence at the time the court’s decision was issued.

**OR**

Answer “No” if you are still a minor and the court decision is no longer in effect or the court decision was not in effect at the time you became an adult.

5. **As of today, are you married?**  Yes  No

6. **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?**  Yes  No

7. **Do you have dependents (other than your children or spouse) who live with you and who received more than half of their support from you, now and through June 30, 2027?**  Yes  No

**If you responded NO to all answers to the above questions, your FAFSA must include parent information.**

*If you are unable to secure parent information for the FAFSA, are unsure about how to gather this documentation or feel you have special circumstances that should be considered, contact the Financial Aid Office at [lufinaid@luc.edu](mailto:lufinaid@luc.edu)*

**If you responded YES to any of the above questions, provide the following information:**

1. **Indicate the year the following benefits were received by members of your household:**

Type of Benefit	2024	2025
Earned Income Tax Credit (EITC)	<input type="radio"/>	<input type="radio"/>
Federal Housing Assistance	<input type="radio"/>	<input type="radio"/>
Free or Reduced Prices Lunch	<input type="radio"/>	<input type="radio"/>
Medicaid	<input type="radio"/>	<input type="radio"/>
Refundable credit for coverage under a qualified health plan (QHP)	<input type="radio"/>	<input type="radio"/>

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**Type of Benefit (cont.)**

Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/>	<input type="radio"/>
Supplemental Security Income (SSI)	<input type="radio"/>	<input type="radio"/>
TANF (Temporary Assistance for Needy Families)	<input type="radio"/>	<input type="radio"/>
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/>	<input type="radio"/>

**2. Indicate assets as of the day the 2026-2027 FAFSA was originally filed. You originally filed the FAFSA on: \_\_\_\_\_**

**Did, or will, you file a 2024 IRS Form 1040 or 1040-NR?**  Yes  No

**Did you file a 2024 tax return with Puerto Rico, another U.S. territory, or a non-U.S. country?**  Yes  No

**If you are married: did, or will, you file a 2024 joint tax return with your current spouse?**  Yes  No

**Child Support Received**

Enter total amount the student received in child support for the last complete calendar year. If the answer is zero or the question does not apply, enter 0.

\$ \_\_\_\_\_

**Current total of cash, savings, and checking accounts**

Don't include student financial aid.

\$ \_\_\_\_\_

**Current net worth of investments, including real estate**

Don't include the home where you live.

Net worth is the value of the investments minus any debts owed against them.

\$ \_\_\_\_\_

**Current net worth of businesses and investment farms**

Enter the net worth of your businesses or for profit agricultural operations.

Net worth is the value of the businesses or farms minus any debts owed against them.

\$ \_\_\_\_\_

**Certification Statement:**

All information provided by me or any other person on this form is accurate and complete to the best of my knowledge. If requested, I agree to give proof of the information I have provided on this form. Proof may include state income tax returns, court documents, canceled checks, signed statements from third parties, etc. Failure to provide the requested information will result in the loss of financial aid eligibility.

Student Signature\*

*\*Typed and digital signatures are not acceptable*

Date

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