



**Office of Enrollment Services**  
**125 Michigan Avenue, NE**  
**Washington, DC 20017**  
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 email: enrollmentservices@trinitydc.edu

**Independent Status Documentation**

Name: \_\_\_\_\_ Trinity ID or SS#: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Award Year: 2020-2021

**This form is to be used in determining your dependency status. Please choose the option below that fits your current status.**

\_\_\_\_\_ I provide MORE THAN HALF of the support for my children or other dependents. **Please list the name and age of your dependent(s) and their relationship to you:**

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you currently live with your parents? Yes / No

Source of income to support child: \_\_\_\_\_

\_\_\_\_\_ I am an emancipated minor. Court documentation is attached.

\_\_\_\_\_ I am in a legal guardianship as determined by a court. Court documentation is attached.  
Note: This must be court-issued guardianship. Please call us for assistance if you are unsure if your situation qualifies you for this status.

\_\_\_\_\_ I am an unaccompanied youth who is homeless as determined by my high school or school district homeless liaison. A letter from my high school or homeless liaison is attached.

\_\_\_\_\_ I am an unaccompanied youth who is homeless as determined by a director of an emergency shelter or transitional housing program. A letter from the director is attached.

\_\_\_\_\_ I am an unaccompanied youth who is homeless or was self-supporting and at risk of being homeless as determined by a director of a runaway or homeless youth basic center. A letter from the director is attached.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_