

2025–2026 Independent Documentation Form

When the Department of Education processed your FAFSA, you selected that you were independent based on one of the following reasons listed below. To continue processing your file, you will need to submit documentation to confirm this status.

Please complete and return this form and any requested documentation to the Office of Financial Aid. Documents may be uploaded online by visiting our Financial Aid Forms webpage: http://www.ubalt.edu/admission/financial-aid/resources/forms.cfm or faxed to 410.837.5493, or dropped off in person at the Office of Financial Aid.

Please allow 3-5 business days for your MyUB Portal "To Do List" to be updated once submitted.

A. STUDENT INFORMATION			
Last Name	First Name	M.I. Student ID Number (begins with 1 or 3)	
Email Address	Telephone Number	Date of Birth	
B. <u>SELECT ONE OPTIC</u>	<u>ON</u>		
Option 1: I have childre	n for whom I provide more than 50% of the	eir support. Please submit all the following:	
A birth certificate for	your child <u>OR</u> a letter from doctor confirn	ning date of birth within the academic year	
A 2023 or 2024 Tax F	eturn Transcript showing child claimed a	s your dependent	
Proof of health insure	ance for the child under your policy OR p	proof you are seeking prenatal care	
If Applicable provid	e the following below:		
Documentation of a	day care expenses that show you paid fo	or childcare cost	
A separation agree	ment or court order showing custody and	d child support arrangement for child	
Option 2: I have a legal	dependent for whom I provide more that	n 50% of their support. Please submit:	
A 2023 Tax Return Tr	A 2023 Tax Return Transcript showing the dependent as claimed		
Any legal guardians legal claim for your c		ocumentation that you have to support your	
Option 3: I am an orpha	n, a ward of the court, or have foster care	e status. Please submit:	
Death Certificate o student's birth certif	f both parents (if only one parent is listed icate)	on the birth certificate, also submit the	
Documentation of	adoption		
Official court docur	Official court documentation that appoints your status as a "ward of the court" after age 12		
A letter from the DH	IR of Maryland that documents that you v	were in foster care after age 12 (or	

 $^{\mathsf{J}}$ documentation from the state in which you were in foster care)

Option 4: I am or was under Legal Guardianship. Please submit:			
A copy of the court's decision that age of adulthood in your state of le	you are or were in legal guardianship immediately prior to reaching the gal residence		
Option 5: I am or was an Emancipated Minor. Please submit: (Note: The State of Maryland does not recognize emancipated minors)			
A copy of the court's decision docu legal residence	menting that you are or were an emancipated minor in your state of		
•	ness or I am/was an Unaccompanied Youth as determined by a sitional living program, or the U.S. Department of Housing and nit:		
al living program that determines th	designee of a runaway or homeless youth basic center or transitionat you were an unaccompanied youth who was homeless or were nomeless. Must be provided on the organization's letterhead.		
U.S.Department of Housing and Urb	f an emergency shelter or transitional housing program funded by the an Development that determines that you were an unaccompanied elf-supporting and at risk of being homeless. Must be provided on the		
organized third party sources who c sources may include private or pub programs such as TRIO and GEAR U	ident can submit two signed and notarized statements from two rectan confirm your unaccompanied youth status. (Recognized third party licly funded homeless shelters and service providers, college access P, college or high school counselors, other mental health professionals, ad clergy). All must be provided on the organization's letterhead.		
Option 7: I am at Risk of Homelessness of Liaison (SDL). Please submit:	or I am an Unaccompanied Youth as determined by a School District		
A copy of your Unaccompanied Yo homeless liaison	uth determination from your high school or school district		
Option 8: None of these options apply to	o me.		
Make corrections to your FAFSA at \underline{s} information, as requested.	tudentaid.gov, updating your dependency status and providing parent		
C. SIGN THIS WORKSHEET			
student aid is complete and correct. If y	hat all the information reported on this worksheet to qualify for federal you are dependent for financial aid purposes, at least one parent must e or misleading information on this worksheet, you may be fined or		
Student's signature	Date		