STATE OF NEW HAMPSHIRE
Department of Health and Human Services
Division for Children, Youth, and Families

Form 1992
January 2011

To: Financial Aid Office
Re: FAFSA Independent Status Verification

This is to verify that: _____

Meets at least one of the following criteria to prove independent status for the FAFSA:

- ☐ **Had no living parent (biological or adoptive) during any period, since age 13, even if now adopted**
- ☐ **Was in foster care at any time since age 13, even if no longer in foster care as of today**
- ☐ **Was a dependent or ward of the court at any time since age 13, even if no longer a dependent or ward of the court as of today**
- ☐ **Is currently in legal guardianship as determined by the court in his or her state of legal residence**
- ☐ **Was in legal guardianship as determined by the court in his or her state of legal residence immediately before turning 18 years of age**

_____ _____
Signature and Title of Certifying Authority Date

Address _____
Phone _____
Fax _____
E-mail _____

I _____ allow _____
Youth's name and DOB Name of CPSW or JPPO

To:

- ☐ **Access any and all information related to my verification status or application for financial assistance.**
- ☐ **Participate in discussions on my behalf related to my verification status or application for financial assistance**

This authorization will expire on _____

Youth's Signature _____
Date _____