

## Verification of Independent Status for Students under 24

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If you are under 24 years of age and do not meet one of the criteria for exception as specified on the Application for Virginia In-State Tuition Rates, and you have Indicated that you are financially self-sufficient (vii), you must provide the information requested below. Otherwise, you will be evaluated as a dependent student, meaning that your parents or court appointed legal guardian must complete Section B of the Application for Virginia In-State Tuition Rates.

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Have you been awarded Federal Financial Aid at NOVA as an independent student?  YES  NO  
If "yes," the Student Services Center will retain the form.

Office Use Only Verified by: \_\_\_\_\_

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If "no," please indicate below the amount and source of your annual income for one year immediately prior to the beginning of the first official day of classes for the semester (example: wages, monetary gifts from parents or other persons, interest income, etc.). If you filed federal or state income taxes, you must provide a signed copy of your most recent tax returns.

FROM (mo/yr)	TO (mo/yr)	Amount	Source

Have you established a separate permanent residence from your parents or legal guardian?

YES  NO If YES, on what date: \_\_\_\_\_

What support do you receive from your parents or legal guardian? Check all that apply:

- Health Insurance     
  Room and Board     
  Car insurance     
  Monetary Support  
 College Tuition     
  None of the Above

Please attach any other supporting documentation.

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### Certification and Signature:

I certify that all of the information I provided is true and accurate. I agree to furnish the College with supporting documentation related to my Application for Virginia In-State Tuition Rates, if requested to do so.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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For Student Services Center use:

Date received: \_\_\_\_\_ Date scanned: \_\_\_\_\_ Initials: \_\_\_\_\_ Date linked: \_\_\_\_\_ Initials: \_\_\_\_\_