HOWARD UNIVERSITY
1867

Office of Financial Aid
2400 Sixth Street NW, Suite 205 | Washington, DC 20059
Phone: (202)-806-2820 | Email: finaid@howard.edu

Proof of Citizenship

Last Name _____ First Name _____ HU ID Number _____

Email Address _____ Contact Number _____

Directions:

Your financial aid application cannot be processed because the Social Security Administration could not confirm your citizenship status. Processing your FAFSA will continue **after** you complete the Citizenship Status and Certification sections of this form, sign, and return it, along with any required documentation, to the Office of Financial Aid. Contact the Federal Student Aid Information Center at 800-443-3243 for information.

Citizenship Status

Please check the statement that best describes your circumstance. Attach a copy of the **front AND back** of the documentation that supports the statement, where applicable. Check only one that is applicable to you:

- ☐ **I am a U.S. Citizen.** Attach front and back copy of U.S. Birth Certificate, U.S. Passport, or Certificate of Naturalization.
- ☐ **I am a U.S. permanent resident.** Attach front and back copy of Permanent Resident Card ("Green Card") ☐ **I am a conditional permanent resident.** Attach front and back copy of Form I-551C.
- ☐ **I am a refugee, Cuban-Haitian entrant, or have been granted asylum.** Attach front and back copy of Form I-94.
- ☐ **I am a citizen of the Republic of Palau, the Republic of the Marshall Islands, or the Federated States of Micronesia.** Attach front and back copy of Government Issued Identification.
- ☐ **I am a conditional entrant.** Attach front and back copy of Form I-94 that was issued before April 1, 1980.
- ☐ **I am an indefinite or humanitarian parolee.** Attach front and back copy of Form I-94 and evident that you intend to become a U.S. citizen or permanent resident from the USCIS.
- ☐ **I hold a T-Visa or may parent(s) hold a T-1 Visa.** Attach front and back copy or your T-Visa or T1-Visa or attach a certification letter from the U.S. Department of Health and Human Services.
- ☐ **I am a battered immigrant or child of person designated as such.** Attach front and back copy of most recent Form I-797 or attach copy of Immigration Court Order.
- ☐ **My status is not listed above as an option.** Please contact the Federal Student Aid Information Center by calling 1 (800) 443-3243 for more information.

Certification

I certify that the information I have provided is accurate and complete, and I understand that any false information may be cause for denial, reduction, and/or immediate repayment of all aid. I understand that purposely submitting false or misleading information on this worksheet may lead to fines, sentencing to jail, or both.

Signature _____ Date _____