

## 2023-2024 Dependency Status Validation

Name \_\_\_\_\_ Banner ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(month and day ONLY)

Please complete in blue or black ink.

**At any time since I turned 13, I have been an orphan, both of my biological and/or adoptive parents are deceased.** Provide copies of death certificates, obituaries, or other official documents which confirm death.

\_\_\_\_\_  
Biological/Adoptive Father's name                      Date of death                      Biological/Adoptive Mother's name                      Date of death

**At any time since I turned 13, I have been in foster care.**  
Provide documentation of your time in foster care.

**At any time since I turned 13, I am or was a dependent or ward of the court.**  
Provide copies of court decrees which confirm wardship.

**I am an emancipated minor as determined by a court in my state of residence, or I was emancipated or in a legal guardianship immediately before reaching the age of adulthood in my state of residence.**  
Provide a copy of the court's decision and proof of state of legal residency (ex. driver's license, lease, high school transcript)

Has another person, though not legally appointed as your guardian, acted as a parent for you? Acting as a parent might include letting you live in his/her house, providing you on an ongoing basis with food or clothing, signing permission slips for you for school events, identifying you as a family member on his/her health insurance or other insurance coverage, or co-signing for a loan for you.  Yes  No

If yes: Name of person: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**At any time on or after July 1, 2022, I received a determination that I was an unaccompanied youth who was homeless or at risk of being homeless. This determination was made by:**

High school or school district homeless liaison  
Provide documentation indicating the determination.

Director of an emergency shelter or transitional housing program funded by the US Department of Housing and Urban Development  
Provide documentation indicating the determination.

Director of a runaway or homeless youth basic center or transitional living program  
Provide documentation indicating the determination.

### Certification

All information I am reporting on this document is true and complete to the best of my knowledge and belief. I understand that if I knowingly give false or misleading information to qualify for Federal aid, I may be fined, be sentenced to jail, or both.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Due to Federal Privacy Regulations regarding email and the protection of your personal information, we urge you to send documents to our secure FAX at 252-328-4347 or mail all documents to Office of Student Financial Aid, MS510, East Carolina University, Greenville, NC 27858. For materials that may contain a social security number, please cover or remove all but the last four digits. For materials with the date of birth, please cover or remove the year. If you have any questions, please contact our office at 252-328-6610.