

## 2024-2025 Dependency Status Validation

Name	Banner ID#				
Please complete in blue or black ink.			(	(month and day ONLY)	
☐ At any time since I turned 13, I have I deceased. Provide copies of death certificate		<del>-</del>	_		
Biological/Adoptive Father's name Da	te of death	Biological/Adopti	ve Mother's name	Date of death	
☐ At any time since I turned 13, I have I Provide documentation of your time in foster co		ter care.			
☐ At any time since I turned 13, I am or Provide copies of court decrees which confirm	_	endent or ward (	of the court.		
☐ I am an emancipated minor as determ guardianship immediately before reachi Provide a copy of the court's decision and prod	ng the age	of adulthood in 1	ny state of residen	ice.	
Has another person, though not legally apprinclude letting you live in his/her house, profor you for school events, identifying you a co-signing for a loan for you. ☐ Yes ☐ Note that is the person of the person	oviding yous a family	u on an ongoing b	asis with food or cl	othing, signing permission slip	
If yes: Name of person:		Relationship	to you:		
☐ At any time on or after July 1, 2023, I homeless or at risk of being homeless. T				companied youth who was	
☐ High school or school district h <i>Provide documentation indicating the</i>					
☐ Director of an emergency shelter or transitional housing program funded by the US Department of Housing and Urban Development <i>Provide documentation indicating the determination.</i>					
☐ Director of a runaway or homeless youth basic center or transitional living program <i>Provide documentation indicating the determination.</i>					
$\Box$ I am recertifying a prior year status. I not changed.	My suppoi	rting documents a	are on file, and I co	onfirm that my situation has	
Certification All the information I am reporting on this of understand that if I knowingly give false of sentenced to jail, or both.					
Student Signature			Date		

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Rev. 6/2024

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.