



2026-2027 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, 2024, 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.

[] I am recertifying a prior year status. My supporting documents are on file, and I confirm that my situation has not changed.

Certification

All the 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: _____