

# 2022-2023 Form T

## Dependency Status Validation

Your 2022-2023 FAFSA was selected for review in a process called "Verification." In this process, the financial aid office will compare the information reported on your FAFSA with the information on this form and any other required documentation. The law states that we have the right to ask for confirmation of this information before awarding federal student aid. You, whose information was reported on the FAFSA, must sign this form, attach any required documentation, and submit the completed package to the LCC Financial Aid Office. If there are differences between the information reported on your FAFSA and the documents submitted to our office, we will make the necessary corrections. We retain the right to request additional information as needed to complete your file. If you have any questions about the verification process, contact the Financial Aid Office as soon as possible to avoid a delay in processing your request for financial aid. **\*\*Your eligibility for financial aid cannot be determined until the verification process is complete.\*\***

Student Name: \_\_\_\_\_ LCC ID#/Last Four of SSN#: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Check **ALL** that apply to the student:

- 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 Mother's name: \_\_\_\_\_ Date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_.  
Biological/Adoptive Father'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, 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 for 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. **Check one**  Yes  No

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

- At any time on or after July 1, 2021 I received a determination that I was an unaccompanied youth who was homeless or at risk of being homeless. Check 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 under the age of 24 and I have a dependent and provide more than half of their support.**

Dependent Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Dependent Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Dependent Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

### Certification:

I certify that the submitted information is accurate to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form.

**WARNING:** If you purposefully give false or misleading information on this form, you may be fined, sentenced to jail, or both.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

MAIL OR FAX THE COMPLETED FORM AND SUPPORTING DOCUMENTATION TO:  
Lenoir Community College • Office of Financial Aid  
P.O. Box 188 • Kinston, NC 28502  
Fax: 252-233-6896 • Email: finaid@lenoircc.edu