2023-2024 Form T Dependency Status Validation

Your 2023-2024 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#:			
		City:	State:	Zip:	
	neck <u>ALL</u> that apply to the stude At any time since I turned 13, I h deceased. <i>Provide copies of death</i> Biological/Adoptive Mother's n	ave been an orphan; both h certificates, obituaries, or	other official docur	ments which confirm	death.
	Biological/Adoptive Father's na At any time since I turned 13, I hat any time since I turned 13, I a which confirm wardship. I am an emancipated minor as da legal guardianship immediatel copy of the court's decision and properties of the court's decis	m or was a dependent or etermined by a court in my before reaching the age oof of state of legal resider, pointed as your guardian, a buse, providing for you on a events, identifying you as a for a loan for you. Check of	ward of the court y state of resident of adulthood in r cy (ex. driver's lice acted as a parent for an ongoing basis with a family member or one Yes No	. Provide copies of conce, or I was emanding state of residence anse, lease, high school or you? Acting as a point food or clothing, so his/her health insur	court decrees ipated or in ce. Provide a cool transcript carent might signing
	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 ha			•	
	Dependent Name:	Age:	Relationshi	p to you:	
	Dependent Name:	Age:	Relationshi	p to you:	
	Dependent Name:	Age:	Relationshi	p to you:	
Се	rtification:				
	I certify that the submitted info authorized official, I agree to p				ed by an
	WARNING: If you purposefully give false	e or misleading information on th	is form, you may be fir	ned, sentenced to jail, or	both.
Stu	udent Signature	 Date			