



North Carolina A&T State University
Office of Student Financial Aid

Guardianship/Unaccompanied Minor/Homeless Youth Verification 2014-2015

PLEASE PRINT

			950	
_____ Last Name	_____ First Name	_____ Middle Initial	_____ Banner ID #	
_____ Student's Date of Birth			_____ Student's Social Security No.	
_____ Street		_____ City	_____ State	_____ Zip
_____ E-Mail Address			_____ Phone Number	

Students who answered "YES" to one of the following dependency questions on the FAFSA are required to provide documentation before they are considered independent. Please provide documentation related to the applicable condition(s) to verify and support your dependency status. You will not be awarded until the information is received and reviewed by the Office of Student Financial Aid. If you answered "NO" to all of the questions, you must provide parental information.

Deadline to submit this form is April 18, 2015

Please read and answer each question carefully. If you answer "Yes" to one of the questions listed below, you must provide the documentation as indicated.

1. Are you or were you an emancipated minor as determined by a court in your state of legal residence at the time you received the determination? Yes ☐ No ☐
(If you answered "Yes", please provide a copy of official court documentation.)
2. Are you or were you in legal guardianship as determined by a court in your state of legal residence at the time you received the determination? Yes ☐ No ☐
(If you answered "Yes", please provide a copy of official court documentation.)
3. At any time on or after July 1, 2013, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless? Yes ☐ No ☐
(If you answered "Yes", please provide a statement from your high school district liaison.)
4. At any time on or after July 1, 2013, did the Director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development (HUD) determine that you were an unaccompanied youth who was homeless? Yes ☐ No ☐
(If you answered "Yes", please provide a statement from the Director of an emergency shelter funded by HUD.)

Name: _____

Banner-ID 950 _____

5. At any time on or after July 1, 2013, did the Director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?

Yes ☐ No ☐

(If you answered "Yes", please provide a statement from a Director of a runaway or homeless youth center or transitional program.)

Please provide a detailed explanation of your extenuating family circumstances that you believe warrant review of your dependency status. If additional space is required, please attach a separate sheet.

Student Certification – Read carefully before you sign.

I hereby certify that all information contain in this document, including the documentation is true and complete. I affirm that I have not knowingly provided any false statements or fraudulent documentation. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my eligibility for Federal and State student aid may be jeopardized.

Note: Federal regulations stipulate that evidence of fraud must be reported to the U.S. Department of Education for possible investigation by the Office of the Inspector General and possible prosecution by the United States Attorney General's Office.

Student Signature

_____/_____/_____
Date

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Mail or Fax completed form to:

North Carolina A&T State University
Office of Student Financial Aid
1601 E. Market Street
Greensboro, North Carolina 27411

Telephone: 336-334-7973 Fax: 336-334-7954

**GUARD
REVISED: 10/13**