Meredith College
Office of Financial Assistance
3800 Hillsborough St.
Raleigh, NC 27607
Fax 919-760-2373

2018-19 Dependency Documentation

_________________________  ___________________  ___________________
Last Name  First Name  Student’s Social Security Number

On your 2018-19 FAFSA, you indicated that you are an Orphan, Ward of the Court, in Foster Care, an
Emancipated Minor, in Legal Guardianship, or a Homeless Youth. Please complete this form by checking
the box below that best describes your situation and attach the documentation requested to verify your
status.

____ I made an error on my FAFSA. I do not fall into any of the categories listed above. I will correct my
FAFSA online at www.fafsa.ed.gov. (Use your FSA ID and password to make a correction to your FAFSA
and if necessary, add parent information).

____ I have provided documentation in a previous year and my status has not changed.

____ When I was age 13 or older, I became an orphan, ward of the court, or was in foster care. Please
provide a copy of the court documents.

____ I am an emancipated minor or am in legal guardianship. Please provide a copy of the court
documents from your state of legal residence.

____ I received a determination on or after July 1, 2017, that I am an unaccompanied youth who is
homeless, or at risk of being homeless. “Homeless” means lacking fixed, regular and adequate housing,
which includes living in shelters, motels or cars, or temporarily living with other people because you had
nowhere else to go. “Unaccompanied” means you are not living in the physical custody of your parent
or guardian. Please provide verification on official agency letterhead, from either your School District
Liaison, HUD-funded Shelter, or Runaway/Homeless Youth Center.

Student Certification

I hereby declare that all information reported on this document is true, complete and accurate to the
best of my knowledge. I understand that any false statement or misrepresentation will be cause for
denial, reduction, withdrawal and/or repayment of financial assistance.

Student Signature: ________________________________  Date: ________________