Student Name: ___________________________ ID: ____________________

On your FAFSA application you have answered “Yes” that you are either homeless, or at risk of being homeless and fall into one of the following categories:

Please check the selection below that applies to you:

☐ At any time on or after July 1, 2021, your high school district homeless liaison determined that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless. (If so, please provide supporting documentation)

☐ At any time on or after July 1, 2021, the Director of an Emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determined that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless. (If so, please provide supporting documentation)

☐ At any time on or after July 1, 2021, the Director of a runaway or homeless youth basic center or transitional living program determined that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless. (If so, please provide supporting documentation)

☐ I have previously submitted documentation to the Financial Aid Office in a prior year. I am requesting my subsequent determination be made by a Financial Aid Administrator. I am providing a written, signed statement indicating my current situation.

**I understand (upon request) I may also be asked to:**
1) Provide a letter from an outside (third-party) source, and/or 2) Have an interview with the Financial Aid Administrator.

Please note the following definitions:

“Youth” means you are 21 years of age or younger or you are still enrolled in high school as of the day you sign this application.

“Unaccompanied” means you are not living in the physical custody of your parent or guardian.

“Homeless” means lacking fixed, regular and adequate housing. Also, if you are fleeing an abusive parent you may be considered homeless even if your parent would otherwise provide a place to live.

**PLEASE MAKE SURE TO SUBMIT ALL REQUIRED DOCUMENTATION TO THE FINANCIAL AID OFFICE ALONG WITH THIS FORM OR YOUR FINANCIAL AID MAY BE DELAYED**

Certification and Signature: By signing this worksheet, I certify that all of the information reported on it is complete and correct.

_________________________________________  Date

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