

## 2019-2020 Unaccompanied or Homeless Youth

Student's Name \_\_\_\_\_ / \_\_\_\_\_  
(Print) Last Four of Social Security #) Student ID#

You indicated on your 2019-2020 FAFSA that either your school district homeless liaison, the director of an emergency shelter funded by the US. Department of Housing and Urban Development or the director of a runaway or homeless youth basic center or transitional living program has determined that you were an unaccompanied youth who was homeless or at risk of being homeless.

*Please check the box below and provide the appropriate information and signature.*

Check One

<input type="checkbox"/>	<p><b>Your high school or school district homeless liaison</b> has determined that you are an unaccompanied or homeless youth. <b>(This determination must have been made on or after July 1, 2013)</b></p> <p>High school or school district homeless liaison Signature: _____ Date: _____</p> <p>High School name or School District: _____</p>
<input type="checkbox"/>	<p><b>The director of an emergency shelter</b> funded by the US. Department of Housing and Urban Development has determined that you are an unaccompanied youth who was homeless. <b>(This determination must have been made on or after July 1, 2013)</b></p> <p>Director's Signature: _____ Date: _____</p> <p>Name of Emergency Shelter: _____</p>
<input type="checkbox"/>	<p><b>The director of a runaway or homeless youth basic center or transitional living program</b> has determined that you were an unaccompanied youth who was homeless or at risk of being homeless. <b>(This determination must have been made on or after July 1, 2013)</b></p> <p>Director's Signature: _____ Date: _____</p> <p>Name of Program: _____</p>
<input type="checkbox"/>	<p>I have <b>NOT</b> been determined to be an unaccompanied or homeless youth by one of the organizations above.</p>

By signing this document, I certify that all the information reported on it is complete and correct. If I purposely give false or misleading information on this document, it will be cause for denial or repayment of financial aid and I may also be fined, sentenced to jail, or both.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

***Return this form and any attachments to the above address.***