

2021-2022 Unaccompanied or Homeless Youth

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

You indicated on your 2020-2021 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>Your high school or school district homeless liaison has determined that you are an unaccompanied or homeless youth. (This determination must have been made on or after July 1, 2013)</p> <p>High school or school district homeless liaison Signature: _____ Date: _____</p> <p>High School name or School District: _____</p> |
| <input type="checkbox"/> | <p>The director of an emergency shelter funded by the US. Department of Housing and Urban Development has determined that you are an unaccompanied youth who was homeless. (This determination must have been made on or after July 1, 2013)</p> <p>Director's Signature: _____ Date: _____</p> <p>Name of Emergency Shelter: _____</p> |
| <input type="checkbox"/> | <p>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. (This determination must have been made on or after July 1, 2013)</p> <p>Director's Signature: _____ Date: _____</p> <p>Name of Program: _____</p> |
| <input type="checkbox"/> | <p>I have NOT 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.