



Please complete in blue or black ink if possible. Typed signatures will not be accepted.

Student Financial Services

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SPU.EDU/SFS

2026 - 2027 HOMELESSNESS STATUS VERIFICATION FORM

STUDENT NAME: _____ SPU ID: _____

At any time on or after July 1, 2025, were you considered unaccompanied and (1) homeless OR (2) self-supporting and at risk of being homeless.

Yes (If you answered "Yes", complete next section)
 No

Determination

If you answered "Yes" above, did any of the following determine (or document) you as homeless or at risk of becoming homeless? *Select all that apply.*

1. A director of an emergency shelter, transitional shelter, street outreach program, homeless youth drop-in center or other programs serving those experiencing homelessness.

Yes (If you answered "Yes", Attach documentation with official letterhead.)
 No
2. Your high school or school district homeless liaison.

Yes (If you answered "Yes", Attach documentation with official letterhead.)
 No
3. A Director of a project supported by TRIO or GEAR grants.

Yes (If you answered "Yes", Attach documentation with official letterhead.)
 No
4. A College Financial Aid Administrator

Yes (If you answered "Yes", Attach documentation with official letterhead.)
 No
5. None of the above.

If none of the above, **Attach alternate documentation for request.**

By signing this, I attest that all information reported on this form and in attached statements is true and complete to the best of my knowledge.

Student Signature

Date

Email

Please allow 10-15 business days for processing.