

Student Financial Services

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2014 - 2015 HOMELESSNESS STATUS VERIFICATION FORM

STUDENT NAME:				SPU ID:		
		r 2014-2015 Free Application stances:	n for Federal Student Aid (FAFSA), you indicated	at least one of the following	
		time on or after July 1, 2013 yof being homeless as determine		ied youth who was hom	neless or self-supporting and	
	•	Your high school or school of The director of an emergence Housing and Urban Develop The director of a runaway or	cy shelter or transitional ho oment.		,	
Ple	ase	confirm this by answering the	following questions based	on the definitions below	v:	
	•	Homeless means lacking fix shelters, parks, motels or ca to go. Also, if you are living in homeless even if your paren Unaccompanied means you Youth means you are 21 yes signed the 2014-2015 FAFS.	rs, or are temporarily living n any of these situations and the support and are not living in the physicals of age or younger or yo	with other people becand fleeing an abusive padd a place to live. cal custody of your pare	use you have nowhere else arent you may be considered ent or guardian.	
1.	At any time on or after July 1, 2013, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless?			ess liaison determine that		
		Yes (If you answered "Yes No	", please provide a copy	of the determination.)		
2.	At any time on or after July 1, 2013, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless?					
		 ☐ Yes (If you answered "Yes", please provide a copy of the determination.) ☐ No 				
3.	At any time on or after July 1, 2013, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?					
		Yes (If you answered "Yes No	", <u>please provide a copy</u>	of the determination.)		
fina	anci	our office receives all of the al aid.		·		
sta	tem	ning this verification statem ents is true and complete to ting the information provide	the best of my knowled			
Student Signature		t Signature	Date	Phone	Email	