



2015 - 2016 HOMELESSNESS STATUS VERIFICATION FORM

STUDENT NAME: _____ SPU ID: _____

On your 2015-2016 Free Application for Federal Student Aid (FAFSA), you indicated at least one of the following circumstances:

At any time on or after July 1, 2014 you were an unaccompanied youth who was homeless or self-supporting and at risk of being homeless as determined by:

- Your high school or school district homeless liaison.
- The director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development.
- The director of a runaway or homeless youth basic center or transitional living program.

Please confirm this by answering the following questions based on the definitions below:

- **Homeless** means lacking fixed, regular and adequate housing. You may be homeless if you are living in shelters, parks, motels or cars, or are temporarily living with other people because you have nowhere else to go. Also, if you are living in any of these situations and fleeing an abusive parent you may be considered homeless even if your parent would provide support and a place to live.
- **Unaccompanied** means you are not living in the physical custody of your parent or guardian.
- **Youth** means you are 21 years of age or younger or you are still enrolled in high school as of the day you signed the 2015-2016 FAFSA.

1. At any time on or after July 1, 2014, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless?

- ☐ Yes (**If you answered "Yes", please provide a copy of the determination.**)
☐ No

2. At any time on or after July 1, 2014, 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, 2014, 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", please provide a copy of the determination.**)
☐ No

Once our office receives all of the required documentation, we will continue processing your request for financial aid.

By signing this verification statement, I attest that all information reported on this form and in attached statements is true and complete to the best of my knowledge. If asked, I agree to submit documentation supporting the information provided on this form.

Student Signature

Date

Phone

Email