

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

2021 - 2022 HOMELESSNESS STATUS VERIFICATION FORM

STUDENT NAME:				SPU ID:		
		ır 2021-2022 Free Applicatio stances:	n for Federal Student Aid (FAFSA), you indicated	at least one of the following	
		time on or after July 1, 2020 of being homeless as determ		ied youth who was hom	neless or self-supporting and	
	•	Your high school or school The director of an emergen Housing and Urban Develo The director of a runaway of	icy shelter or transitional h pment.			
Ple	ase	confirm this by answering the	e following questions based	on the definitions below	v:	
	•	Homeless means lacking fi shelters, parks, motels, cars go. Also, if you are living in homeless even if your parer Unaccompanied means you Youth means you are 23 you signed the 2021-2022 FAFS	s, or are temporarily living vany of these situations and int would provide support arou are not living in the physears of age or younger or yo	vith other people becaus fleeing an abusive pare and a place to live. Ical custody of your pare	se you have nowhere else to nt you may be considered ent or guardian.	
1.	 At any time on or after July 1, 2020, did your high scho you were an unaccompanied youth who was homeless 			or school district homel	ess liaison determine that	
		Yes (If you answered "Yes	s", <u>please provide a copy</u>	of the determination.)		
2.	fun	any time on or after July 1, 2 ided by the U.S. Department accompanied youth who was	of Housing and Urban De			
		Yes (If you answered "Yes	s", <u>please provide a copy</u>	of the determination.)		
3.	tra	any time on or after July 1, 2 nsitional living program dete oporting and at risk of being	rmine that you were an una			
		Yes (If you answered "Yes No	s", <u>please provide a copy</u>	of the determination.)		
By sta	l. sigi	our office receives all requining this verification statentients is true and complete to the information provices	nent, I attest that all informs o the best of my knowled	nation reported on thi	s form and in attached	
ou _	- Pho	tung the information provid	icu on una ioini.			
Student Signature			Date	Phone	Email	