



2024-2025 Homeless Youth Determination Request

You were not required to provide information about your parents on the FAFSA because you indicated that you are unaccompanied and homeless or self-supporting and at risk of being homeless. Therefore additional action is required to proceed with your financial aid application.

If you believe that you meet the conditions necessary to be considered homeless, you may request to have a homeless youth determination made for you by the Financial Aid Office. Homeless youth determinations are made on a case-by-case basis. **To request a homeless youth determination, submit this form to the Financial Aid Office with documentation to support your claim of homelessness.**

A: Student Information

Last Name: _____ First Name: _____ Student ID: C _____

B: Status Information

At any time on or after July 1, 2023, were you an unaccompanied youth who was homeless or self-supporting and at risk of being homeless, as defined below? (**check all that apply**)

- Unaccompanied** – You are not living in the physical custody of your parent or guardian.
- Homeless** – Lacking proper* housing (living in shelters, parks, motels, hotels, public spaces, camping grounds, cars, abandoned buildings, or temporarily living with other people).
- Self-supporting** – You pay for your own living expenses, including proper* housing.
- At risk of being homeless** – Your housing may cease to be proper* housing (for example, you have been evicted and unable to find proper* housing).

*Proper housing is considered fixed (stationary, permanent, and not subject to change), regular (used on a predictable, routine, or consistent basis), and adequate (sufficient for meeting both the physical and psychological needs typically met in the home) housing.

C: Third Party Documentation

Provide written documentation from a third party that attests to you having experienced homelessness as defined above.

Third party documentation may include, but is not limited to, information from local school district personnel, state homeless education coordinator, homeless shelter or service provider, financial aid administrator from another college, college or high school counselor, mental health professional, social worker, employer, mentor, doctor, clergy, or other relevant third party.

D: Signature

By signing below, I certify that all the information reported on this form and any supporting documentation is complete and correct.

Student Signature _____ Date _____ / _____ / _____

Office Use Only

Homeless Youth Determination <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Reviewed By: _____ Date: _____
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