



GC ID Number: _____

2018-2019 Homeless Independent Request

Instructions:

Submit this *Homeless Independent Request Form*, along with the requested documentation to the Financial Aid Office for review. Your request for review may be delayed if information or documentation is incomplete, or if there are inconsistencies that must be verified.

Last name		First Name	M.I.	Social Security Number
Address (include apt. no.)				Date of Birth
City	State	Zip Code	Phone Number (include area Code)	

To Be Completed by Student:

You must submit this form along with supporting documentation to the financial aid office. A student is considered homeless if they lack fixed, regular, and adequate housing at any time after July 1, 2017.

Please indicate which situation pertains to you:

- Temporarily living with other people because you have nowhere else to go
- Living in substandard housing (If it doesn't meet local building codes or the utilities are turned off, it is generally not adequate)
- Living in emergency or transitional shelters, for example, trailers provided by the Federal Emergency Management Agency (FEMA) after disasters
- Living in motels, camping grounds, cars, parks, abandoned buildings, bus or train stations, or any public or private place not designed for humans to live in
- Living in the school dormitory if you would otherwise be homeless
- To be released from prison or a hospital and do not have a stable housing situation to return
- Does not have adequate night time residence (this may include living with friends and/or extended family)

***A student living in any of these situations and fleeing an abusive parent may be considered homeless even if the parent would provide support and a place to live.**

Documentation:

Provide **one** form of documentation to support the information indicated above. Such as a letter from an outside party, for example: a school district homeless liaison, director (or designee) of a runaway or homeless youth basic center or transitional living program, etc.

Certification and Signature:

I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

Student's Signature: _____ Date: _____

Financial Aid Office: 4015 Avenue Q| Galveston, TX 77550| Phone: 409.944.1235| Fax: 409.944.1505| Email: finaid@gc.edu

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