

Student ID Number:	

## 2019-2020 HOMELESS INDEPENDENT REQUEST

Last name	First Name	M.I.	Social Security Number
Address (includ	do ant no \		Date of Birth
Address (Ilicido	ie арт. по. <i>)</i>		Date of birth
City	State	Zip Code	Phone Number (include area code)
To Be Comple	eted by Student:		
	_		to the financial aid office. A student is sing at any time after July 1, 2018.
☐ Tem  ☐ Livin gene ☐ Livin Man: ☐ Livin or pr ☐ Livin ☐ To be ☐ Does famil	erally not adequate) ag in emergency or transitio agement Agency (FEMA) af ag in motels, camping ground ivate place not designed fo ag in the school dormitory if a released from prison or a a not have adequate night tily)	eople because you have not fit doesn't meet local built and shelters, for example, fter disasters ds, cars, parks, abandoned r humans to live in a you would otherwise be hospital and do not have a sime residence (this may in the sand fleeing an abusive ons and fleeing an abusive	ding codes or the utilities are turned off, it is trailers provided by the Federal Emergency d buildings, bus or train stations, or any public
Documentation	on:		
from	Provide <b>one</b> 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 a	and Signature:		
by an author understand t	ized official, I agree to prov	ide additional proof of the lse or misleading informat	best of my knowledge and belief. If asked e information provided on this form. I tion on this form may result in reduction or e years.
Student's Sig	nature.		Date: