

Student ID Number:	

2020-2021 HOMELESS INDEPENDENT REQUEST

Last name	First Name	M.I.	Social Security Number
Address (inclu	ide ant no)		
7 taar ess (mere	ме ири пол		Date of Birth
City	State	Zip Code	Phone Number (include area code)
To Be Compl	eted by Student:		
	_		n to the financial aid office. A student is using at any time after July 1, 2019.
☐ Ten☐ Livi☐ gen☐ Livi☐ Ma☐ Livi☐ Or ☐ Livi☐ To ☐ Doo ☐ fam	nerally not adequate) Ing in emergency or transition agement Agency (FEMA) at a ling in motels, camping ground private place not designed for a ling in the school dormitory if the released from prison or a less not have adequate night thilly)	eople because you have r f it doesn't meet local bu anal shelters, for example fter disasters ds, cars, parks, abandone r humans to live in you would otherwise be hospital and do not have ime residence (this may i	ilding codes or the utilities are turned off, it is e, trailers provided by the Federal Emergency ed buildings, bus or train stations, or any public
Documentat	ion:		
fro	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:		
by an authounderstand	orized official, I agree to prov	ride additional proof of th Ise or misleading informa	e best of my knowledge and belief. If asked ne information provided on this form. I ation on this form may result in reduction or re years.
Student's S	ignature:		Date: