

Student information

Last name	First name	Middle I.	Student ID#
Local street address	City	State	Zip code
			Daytime phone number

Purpose

You indicated on the 2024-2025 FAFSA that you received a determination of being an unaccompanied youth who was homeless or at risk of being homeless, or that you were seeking a financial aid administrator determination of homelessness.

- This form will not be processed if any items are left blank or illegible.
- Please type or print clearly using blue or black ink only.
- If clarification of your situation is necessary, additional information or documentation may be required.

Important

If none of the conditions below apply to you, **do not submit this form**. You must correct your responses to the FAFSA dependency question(s) to "No". Then, include your parents' information and parent signature. Check your eServices Tasks approximately 5-7 business days after correcting your FAFSA. You may be required to submit additional documents. Once you have corrected your FAFSA, this item will be removed from your Financing Tasks.

Instructions

1. Select a condition that applies to you in section A.
2. Only complete section B if you are requesting for a Financial Aid Administrator to make a determination of your circumstances. If applicable attach any supporting documentation.
3. Submit this form and supporting documentation online by uploading to [Financial Aid Forms](#), mail to Financial Aid Office, 3835 Freeport Boulevard Sacramento, CA 95822, or in person to the Financial Aid Office located in the Student Services, STS 103.

Section A: Condition

Please select the condition that applies to you.

Condition	Actions
<input type="checkbox"/> I have received a determination of being an unaccompanied youth who was homeless or at risk of being homeless.	Attach a signed letter on company letterhead from one of the following professionals/agencies that can attest to your status as an unaccompanied homeless youth or an unaccompanied youth who is self-supporting and at risk of becoming homeless. <ul style="list-style-type: none"> • A McKinney-Vento School District Liaison (e.g., high school district homeless liaison). • A director or designee of a HUD funded shelter (e.g., U.S. Department of Housing & Urban Development funded emergency shelter or transitional housing program). • A director or designee of a RHYA- funded shelter (e.g., emergency shelter or transitional housing program funded by the Runaway and Homeless Youth Act).
<input type="checkbox"/> I am requesting a Financial Aid Administrator determination based on third-party documentation.	Attach a signed letter on company letterhead from one of the third-party professional/agency listed below. The signed letter must attest to your status as an unaccompanied homeless youth or an unaccompanied youth who is self-supporting and at risk of becoming homeless. <ul style="list-style-type: none"> • TRIO, GEAR-UP, or Upward Bound (e.g., college access programs) • Mental Health Professional or Doctor • Social Worker • Clergy (e.g., church official) • NCHE (National Center for Homeless Education) or State Coordinator for Homeless Education • A director or designee of a homeless basic youth center (a community based program) funded by the Family & Youth Services Bureau within the U.S. Department of Health & Human Services (HHS) which meets the immediate needs of runaway & homeless youth under the age of 18. • A director or designee of a transitional living program funded by the Family & Youth Services Bureau within the U.S. Department of Health & Human Services (HHS) that provide long-term residential services to homeless youth ages 16-22.

I am requesting a Financial Aid Administrator determination based on the questionnaire below.

Complete section B of the form, found on **page 2**, if you have not utilized resources from any of the above professionals/agencies and attach supporting documentation for an FAA determination.

Section B: Homelessness determination questionnaire

Please complete the questionnaire below **only if** you indicated that you are requesting for a Financial Aid Administrator to determine your circumstances in section A. This form will be considered incomplete if any questions are left unanswered.

1. **In which of the following situations do you currently reside OR where you would reside if not staying in on-campus housing?**

- Car
- Campsite/Campground
- Motel/Hotel
- Public parks
- Shelter or other temporary housing program
- Inadequate housing* such as abandoned buildings, bus stations, or train stations
(*Housing that is insufficient to meet the physical and psychological needs typically met in a home environment.)
- Temporarily living with others (e.g., friends or relatives) because you have nowhere else to go.
- Unknown nighttime residence (i.e., you do not know where you will stay from day to day, or week to week.)

2. **If you are living with another household, check all of the reasons that apply.**

- Economic hardship resulting in inability to secure and maintain fixed, regular, and adequate housing
- It is not safe for you to live with a parent/guardian, a parent/guardian has forced you to leave home, or other situations of abuse/conflict.
- Abandoned by parents
(i.e., the whereabouts of your parents are unknown for a year or more, no financial support for at least a year AND you are unable to contact them).
- Other (specify) _____

If you are living with another household, where would you live if you could not stay at your current location?

3. Are you in the physical custody of your parent or guardian?

- Yes
- No

4. When was your last contact with your parent or guardian?

Date:

(e.g., mm/dd/yyyy)

5. Are you self-supporting, i.e., are you responsible for your own living expenses, including fixed, regular, and adequate housing?

- Yes
- No

6. Is your housing likely to cease to be fixed (same place), regular (every night), and adequate (safe and sufficient)?

- Yes
- No

7. Are you at-risk of homelessness due to eviction and have been unable to find fixed, regular and adequate housing?

- Yes
- No

Section C: Student certification and signature

Certification: 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 Name (Print) _____

Student ID# _____

Student's Signature _____

Date _____
(e.g., mm/dd/yyyy)