



Office of Financial Aid and Scholarships ▪ Indiana University South Bend ▪ P.O. Box 7111 ▪ South Bend, IN 46634-7111  
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Securely upload required documents/forms: go.iu.edu/FAsecure

When you completed the 2024-2025 FAFSA, you indicated you were an unaccompanied youth who was homeless or at risk of being homeless.

Complete this form and attach the information requested below.

Student Name \_\_\_\_\_ Student ID Number \_\_\_\_\_  
(Please print)

**Definitions**

**Homeless:** Lacking fixed, regular and adequate housing, which includes living in shelters, motels, or temporarily living with other people because you had nowhere else to go.

**Unaccompanied:** Not living in the physical custody of your parent or guardian.

**Youth:** 23 years of age or younger or still enrolled in high school as of the date you signed the FAFSA.

• At any time on or after July 1, 2023, did your high school or school district homeless liaison determine that you were an **unaccompanied youth who is or was self- supporting and at risk of being homeless?** \_\_\_\_\_ Yes \_\_\_\_\_ No  
*If yes, please attach a statement describing your situation, and documentation from your liaison.*

• At any time on or after July 1, 2023, did the director of an Emergency Shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an **unaccompanied youth who is or was self-supporting and at risk of being homeless?** \_\_\_\_\_ Yes \_\_\_\_\_ No  
*If yes, please attach a statement describing your situation and a letter from the director of your housing program.*

• At any time on or after July 1, 2023, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an **unaccompanied youth who is or was self-supporting and at risk of being homeless?** \_\_\_\_\_ Yes \_\_\_\_\_ No  
*If yes, please attach a statement describing your situation and a letter from the director of your housing program.*

**No disbursement of your financial aid funds for the current school year will be made until the information is accepted as sufficient to support your situation.**

**Please attach the requested documents, sign the worksheet, and return it to our office. Failure to provide appropriate documentation of your status will delay the processing of your aid.**

**Affirmation Statement: *Information included on this form is true and accurate to the best of my knowledge.***

Student Signature \_\_\_\_\_ Date \_\_\_\_\_