Homeless / Unaccompanied Youth Worksheet

2009-10

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Financial Aid Office Indiana University South Bend 1700 Mishawaka Avenue South Bend IN 46615
(574)520-4357 FAX: (574) 520-5561 website: http://iusb.edu/~sbfinaid

When you completed the 2009-10 FAFSA, you indicated you were an unaccompanied youth who was homeless or at risk of being homeless. Because of this, your application was selected for review to verify that status.

Student's Name _____
(Please print) Last First Middle

Student University ID Number _____

Please attach requested documents, sign the worksheet and return to our office. If the worksheet is incomplete, it will be returned to you. No disbursement of funds can be made until all requested documents are received and reviewed. Failure to provide appropriate documentation of your status will delay the processing of your aid.

"***Homeless***" *means 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***" *means you are not living in the physical custody of your parent or guardian.*
"***Youth***" *means you are 21 years of age or younger or you are still enrolled in high school as of the day you signed the FAFSA.*

At any time on or after July 1, 2008, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless? _____ Yes _____ No
If yes, please attach a letter from you describing your situation and Documentation from your liaison.

At any time on or after July 1, 2008, 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 was homeless? _____ Yes _____ No
If yes, please attach a letter from you describing your situation and a letter from the director of your housing program.

At any time on or after July 1, 2008, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless? _____ Yes _____ No
If yes, please attach a letter from you describing your situation and a letter from the director of your housing program.

Signature _____ Date _____