



### 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"/> <b>I have received a determination</b> of being an unaccompanied youth who was homeless or at risk of being homeless.	Attach a signed letter on company letterhead from <b>one</b> 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"> <li>• A McKinney-Vento School District Liaison (e.g., high school district homeless liaison).</li> <li>• A director or designee of a HUD funded shelter (e.g., U.S. Department of Housing &amp; Urban Development funded emergency shelter or transitional housing program).</li> <li>• 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).</li> </ul>
<input type="checkbox"/> <b>I am requesting a Financial Aid Administrator determination based on third-party documentation.</b>	Attach a signed letter on company letterhead from <b>one</b> 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"> <li>• TRIO, GEAR-UP, or Upward Bound (e.g., college access programs)</li> <li>• Mental Health Professional or Doctor</li> <li>• Social Worker</li> <li>• Clergy (e.g., church official)</li> <li>• NCHE (National Center for Homeless Education) or State Coordinator for Homeless Education</li> <li>• A director or designee of a homeless basic youth center (a community based program) funded by the Family &amp; Youth Services Bureau within the U.S. Department of Health &amp; Human Services (HHS) which meets the immediate needs of runaway &amp; homeless youth under the age of 18.</li> <li>• A director or designee of a transitional living program funded by the Family &amp; Youth Services Bureau within the U.S. Department of Health &amp; Human Services (HHS) that provide long-term residential services to homeless youth ages 16-22.</li> </ul>

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)