

DE ANZA COLLEGE
FINANCIAL AID OFFICE
21250 Stevens Creek Blvd
Cupertino, CA 95014-5793

Homeless Verification Form

You have indicated on the 2017-2018 FAFSA form that you are a homeless youth, or are at risk of being homeless “*At any time on or after July 1, 2016*”. You answered ‘**Yes**’ to at least **one** of the three questions regarding ‘**homelessness**’ on the FAFSA.

Please complete your portion of this form (be sure to sign the bottom of the last page) and turn into the Financial Aid Office. If your situation cannot be documented, we will not be able to process your FAFSA as an independent student.

To be completed by student:

First Name: _____ Last Name: _____

Student ID #: _____

A student is considered “**homeless**” if he or she is presently living: (check all that apply)

- In a shelter
- Sharing housing with relatives or others due to lack of housing
- In a motel/hotel, camping ground, or similar situation due to adequate housing
- At a train or bus station, park, or in a car
- In an abandoned building
- Sleeping on friends couch (couch surfing), etc.

For FAFSA purposes, ‘**Homeless**’ means lacking fixed, regular and adequate housing because student had nowhere else to go. ‘**Unaccompanied**’ means the student is not in the physical custody of their parent or guardian. ‘**Youth**’ means the student is 21 years of age or younger or is still enrolled in high school as of the day the FAFSA was signed and submitted.

1.) If you can answer ‘Yes’ to the following statement, “*At any time on or after July 1, 2016, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless?*”

Please have your high school or school district liaison complete the following section:

Name of High School: _____

Name of Person Completing Form: _____

Title of Person Completing Form: _____

Signature & Contact number if any questions: _____

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2.) If you can answer 'Yes' to the following statement, "At any time on or after July 1, 2016, 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?"

Please have the director of such program fill out the following section:

Name of emergency shelter or HUD program: _____
Name of Person Completing Form: _____
Title of Person Completing Form: _____
Signature & Contact number if any questions: _____

3.) If you can answer 'Yes' to the following statement, "At any time on or after July 1, 2016, 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?"

Please have the director of such program fill out the following section:

Name of runaway or homeless basic center: _____
Name of Person Completing Form: _____
Title of Person Completing Form: _____
Signature & Contact number if any questions: _____

Other Accepted Documentation: (need to include)

- A Personal Statement of Explanation or letter/form from a director of a homeless shelter
- You must provide documentation supporting your claim by submitting a statement written by **TWO** Third-Party professionals who are aware of your situation and can corroborate the facts you present. Examples of such persons would include clergy, social workers or other social service personnel, court officials, teachers, counselors and police officers.

I, hereby, certify that the above information provided is true and correct. If I purposely give false or misleading information on this form, I may be fined \$10,000, sent to prison, or both.

~

Student's Name

ID#

Signature

Date