2015-2016 Homelessness Verification

SECTION I (Instructions)
Students who answered ‘yes’ on their Free Application for Federal Student Aid (FAFSA) as being an unaccompanied homeless youth and/or at risk of being an unaccompanied homeless youth must submit documentation to the Office of Financial Aid Planning. By completing this form, it will prove the students’ independent status for financial aid purposes. Acceptable documentation, in lieu of this form, would be a signed letter (agency letterhead) by any of the certifying officials listed in Section III.

SECTION II (to be completed by Student)

<table>
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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Student ID</th>
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<td>Street</td>
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<td>E-mail Address (if applicable)</td>
<td>Phone Number (if applicable)</td>
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I hereby authorize the certifying official at ______________________________________________ to release information regarding my homeless status (as of July 1, 2014 or later) to the Financial Aid Office.

Student Signature ______________________________ Date ______________

SECTION III (to be completed by Certifying Official)
The student above may be eligible for financial aid as an independent student. When validation is complete, please return the form to your Financial Aid office. Please check only one option and sign below.

☐ Student was determined to be an unaccompanied youth who was homeless (on or after July 1, 2014) by a high school or high school district homeless liaison.

☐ Student was determined to be an unaccompanied youth who was homeless (on or after July 1, 2014) by the director/coordinator of an emergency shelter or transitional housing program funded by the U.S. department of Housing and Urban Development.

☐ Student was determined to be an unaccompanied youth who was homeless or at risk of being homeless (on or after July 1, 2014) by the director/coordinator of a runaway or homeless youth basic center or transitional living program.

Print Name of Certifying Official ______________________________ Phone Number ______________________________ Date ______________

Signature of Certifying Official ______________________________ E-mail Address ______________________________

Title of Certifying Official ______________________________

Anderson University
Office of Financial Aid Planning
316 Boulevard
Anderson, SC 29621

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