



## Homeless Verification Form

You have indicated on the 2009-2010 FAFSA form that you are a homeless youth or are at risk of being homeless. You answered 'Yes' to at least one of the three questions below on the FAFSA. Please complete your portion of this form (be sure to sign the bottom of the last page) and have the appropriate professional fill out their section of the form (they also need to sign the bottom of the last page) confirming your response to the FAFSA question and return it to the Financial Aid Office at the address listed below. 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: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

JCC ID #: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Phone: \_\_\_\_\_

To be completed by Professional as designated below:

For FAFSA purposes, 'Homeless' means lacking fixed, regular and adequate housing, which includes living in shelters, motels, cars, or temporarily living with other people because the 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 this statement, "*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?*" 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: \_\_\_\_\_

Contact number if any questions: \_\_\_\_\_

2.) If you can answer 'yes' to this statement, "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?" 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: \_\_\_\_\_

Contact number if any questions: \_\_\_\_\_

3.) If you can answer 'yes' to this statement, "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?" Please have the director or 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: \_\_\_\_\_

Contact number if any questions: \_\_\_\_\_

By signing this form you are confirming that this student (listed above) is in fact an unaccompanied, homeless youth.

**Signature of student:** \_\_\_\_\_

**Signature of professional:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Completed forms may be returned to:

Jackson Community College  
Financial aid Office  
2111 Emmons Road, Jackson, MI 49201  
Phone: 517-796-8410  
Fax: 517-796-8404