

Unaccompanied/Self-Supporting Youth-Homeless Form Verification of Independent Status 2023-2024



Financial Aid Office, 1801 College Drive N, Devils Lake, ND 58301

Name (please print clearly) _____ Student ID# _____

On your 2023-2024 financial aid application, you indicated that at any time since July 1, 2022, you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless.

If you have any questions, on how to complete this form or what you need to submit, contact Merissa Lourens at 701-662-1516.

Unaccompanied youth- means you are 21 years of age or younger or still enrolled in high school, and not living in the physical custody of your parent or guardian.

Homeless- means lacking a fixed, regular and adequate housing. You may be homeless if you are living in shelters, parks, motels or cars, or temporarily living with other people because you have nowhere else to go. Also, if you are living in any of these situations and fleeing an abusive parent, you may be considered homeless even if your parent would provide support and a place to live.

At any time since July 1, 2022, did you lack a fixed (stationary and permanent), regular (predictable and consistent) or adequate (sufficient to meet your physical and psychological needs) housing? No Yes

If you checked "no", your FAFSA will need to be corrected at www.fafsa.gov, under the Dependency Status Tab, and you will be considered a dependent student. This will require you to provide parental information, including financial, household size and number in college.

If you checked "yes", please mark which situation applies to you, and write a statement to attach to this form describing your situation.

You were fleeing an abusive parent, even though your parent may have been willing to provide a place for you to live. We define "abusive" as: a) Insulting: intended to insult or offend somebody;
b) Harmful: involving physical, psychological, or sexual maltreatment; or
c) Wrongful: involving illegal, improper, or harmful activities.

You stayed with other people because you had nowhere else to go.
• Who did you stay with and what was your relationship to them? _____

You stayed in sub-standard housing (i.e. didn't meet local building codes, abandoned buildings, utilities were turned off, etc.).
• List the location (address, city, and state) _____

You stayed in emergency/transitional shelter such as FEMA trailer, Salvation Army, church or other designated shelters.
• List type of shelter and where was it located (city/state) _____

You stayed in motels, camp grounds, cars, bus/train station or public place not designed for humans to live.
• Where specifically (including cities/states)? _____

You lived in the school dormitory or self-paid housing (i.e. apartment), because you would otherwise be homeless.
On the back of this form you are directed to mark and provide the type of documentation you have for the situation above.

Submit at least one type of acceptable documentation (listed below) along with this form. Documentation must include your name, the dates in which you were homeless or at risk of being homeless, and specific information that confirms you meet the definition of an unaccompanied youth who was homeless or self-supporting and at risk of being homeless. Forms submitted without one of the documents below will not be processed.

- Signed form or letter from the director or designee of an emergency shelter program funded by the Department of Housing and Urban Development (HUD)

- Signed form or letter from the director or designee of a runaway or homeless youth basic center or transitional living program
- Signed form or letter from state homeless education coordinator or the National Center for Homeless Education
- Signed form or letter from private or publicly funded homeless shelter or service provider
- Signed form or letter from director of college access program such as TRIO or GEAR UP who is familiar with your situation
- Signed form or letter from your high school counselor who is familiar with your situation
- Signed letter from a mental health professional, social worker, clergy member or doctor who is familiar with your situation
- Signed form or letter from any recognized McKinney-Vento practitioner

I do not have any of the documentation listed above. If you check this box you will need to schedule an appointment/interview with the Financial Aid Director at 701-662-1517 to determine whether you meet the guidelines to be considered homeless.

CERTIFICATION & SIGNATURE

Please sign this form and return it to the address at the bottom. Include all needed documentation.

To ensure timely processing of your aid, we ask that you submit this form to the address below **within 2 weeks**. Your federal financial aid will be on hold until the Verification process is complete. Upon review of this form and the required documentation, including **ALL** Verification documents, we will update the status of your financial aid.

The information provided on this form is true and complete to the best of my knowledge. I understand that purposely giving false or misleading information may result in fines, penalties, and/or reduction or immediate repayment of aid.

Student's Signature _____

Date ____/____/____

Forms can be submitted to:

- Mailing address: Lake Region State College ▪ Financial Aid Office
 - 1801 College Drive N ▪ Devils Lake, ND 58301
- Phone: 1-800-443-1313 Ext 1516 or (701) 662-1516 ▪ E-mail for questions: merissa.b.lourens@lrsc.edu
 - Fax: 701-662-1666