

Please complete in blue or black ink if possible. Typed signatures will not be accepted.

Student Financial Services

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SPU.EDU/SFS

2023 - 2024 HOMELESSNESS STATUS VERIFICATION FORM

STUDENT NAME: _____ SPU ID: _____

Student Signature		nt Signature	Date	Phone	 Email
sta	tem	ning this verification stater ents is true and complete t rting the information provi	to the best of my knowled		
On aid		our office receives all requi	red documentation, we w	ill continue processin	g your request for financial
		Yes (If you answered "Ye No	s", <u>please provide a copy</u>	of the determination.	
3.	At any time on or after July 1, 2022, 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 se supporting and at risk of being homeless?				
		Yes (If you answered "Yes	s", please provide a copy	of the determination.)
2.	At any time on or after July 1, 2022, did the director of an emergency shelter or transitional housing progran funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless?				
		Yes (If you answered "Yes No	s", <u>please provide a copy</u>	of the determination.	
1.	At any time on or after July 1, 2022, did your high school or school district homeless liaison deterr you were an unaccompanied youth who was homeless?		less liaison determine that		
	•	go. Also, if you are living in homeless even if your pare Unaccompanied means yo	s, or are temporarily living wany of these situations and int would provide support arou are not living in the physicars of age or younger or y	vith other people becau fleeing an abusive pare id a place to live. cal custody of your par	se you have nowhere else to ent you may be considered
Ple	ase	confirm this by answering th	e following questions based	on the definitions belo	w:
	•	Your high school or school The director of an emerger Housing and Urban Develo The director of a runaway	ncy shelter or transitional hopment.		I by the U.S. Department of ag program.
		time on or after July 1, 2022 of being homeless as detern		ied youth who was hor	neless or self-supporting and
	-	ır 2023-2024 Free Applicatio stances:	on for Federal Student Aid (FAFSA), you indicated	at least one of the following