2013-2014 FINANCIAL AID VERIFICATION OF HOMELESS STATUS

SECTION I (Instructions)
Students who answered ‘yes’ on their Free Application for Federal Student Aid (FAFSA) to being homeless must submit documentation to the Solano Community College Financial Aid Office, if this is the only criterion which makes a student Independent. This form has been provided to enable students to demonstrate their independent status for financial aid purposes. Acceptable documentation, in lieu of this form, would also be a signed letter (on letterhead) by any of the certifying officials listed in Section III.

SECTION II (to be completed by Student)

Last Name __________________________ First Name __________________________ M.I. __________________________ ID# __________________________

E-mail Address (if applicable) __________________________ Phone Number (if applicable) __________________________

I hereby authorize the certifying official at __________________________ to release information regarding my homeless status (as of July 1, 2012 or later) to the Solano Community College Financial Aid Office.

Student Signature __________________________ Date __________________________

SECTION III (to be completed by Certifying Agency Official)
The student above may be eligible for financial aid as an independent student. When validation is complete, please return the form to the Solano Community College Financial Aid Office, 4000 Suisun Valley Rd., Fairfield, CA 94534.

Please check only one box (option) and sign below.

☐ Student was determined to be an unaccompanied youth who was homeless (on or after July 1, 2012) 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, 2012) by the director/coordinator of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development (HUD).

☐ Student was determined to be an unaccompanied youth who was homeless or at risk of being homeless (on or after July 1, 2012) by the director/coordinator of a runaway or homeless youth basic center or transitional living program.

Print Name and Title of Certifying Official __________________________

Signature of Certifying Official __________________________

Certifying Agency __________________________

Date __________________________ Phone Number __________________________

E-mail Address __________________________

Certifying Agency Stamp