

Solano Community College Financial Aid Office

4000 Suisun Valley Rd., Rm. 425, Fairfield, CA 94534 Phone (707) 864-7103; Fax (707) 646-2071 www.solano.edu

2015-16 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.

,	completed by Student)			
Last Name	First Name	M.I.	ID#	
E-mail Address (if ap	pplicable)		Phone Numbe	er (if applicable)
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Student Signature	Attn: Mailed or Faxed copi	es will not be accepted. Orig	Date inals must be sub	mitted in person.
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