

Name of Financial Aid Applicant *(Please print in Black Ink)*

Last _____ **First** _____ **MI** _____

Student ID Number: _____

CUYAMACA COLLEGE 2020-2021 VERIFICATION OF HOMELESS STATUS

Students who answered 'yes' on their Free Application for Federal Student Aid (FAFSA) to being homeless must submit documentation to the Cuyamaca College Financial Aid Office, if this is the only criterion which makes a student independent. This form has been provided to allow students to demonstrate their independent status for financial aid purposes. Acceptable documentation, in lieu of this form, would be a signed letter (on letterhead) by any of the certifying officials listed in Section 2.

Section 1 - Completed by Student

Name: _____
Last _____ **First** _____

Social Security Number: _____ E-mail Address: _____

Phone Number: _____

I hereby authorize the certifying official at _____ to release information regarding my homeless status (as of July 1, 2019 or later) to the Cuyamaca College Financial Aid Office.

Student Signature

Date

Section 2 - Completed by Certifying Official

The student above may be eligible for financial aid as an independent student. When validation is complete, please return the form to the Cuyamaca College Financial Aid Office, 900 Rancho San Diego Parkway, El Cajon, CA 92019-4369. Please **check** only one option and sign below.

- Student was determined *by a high school or high school district homeless liaison* to be an unaccompanied youth who was homeless (on or after July 1, 2019).
- Student was determined *by the director/coordinator of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development* to be an unaccompanied youth who was homeless (on or after July 1, 2019).
- Student was determined *by the director/coordinator of a runaway or homeless youth basic center or transitional living program* to be an unaccompanied youth who was homeless or at risk of being homeless (on or after July 1, 2019).

Print Name of Certifying Official

()

Phone Number

Date

Signature of Certifying Official

Email

Title of Certifying Official

AGENCY STAMP