

**Student Information**

Student's Name: \_\_\_\_\_

Student's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student's SFSC ID: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

According to our records, you answered yes to question 56, 57, or 58 on the Free Application for Federal Student Aid (FAFSA) stating that you were determined homeless.

For the purposes of the following questions:

- "Homeless" means lacking fixed, regular and adequate housing, which includes living in shelters, motels or cars, or temporarily living with other people because you had nowhere else to go.
- "Unaccompanied" means you are not living in the physical custody of your parent or guardian.
- "Youth" means that you are 21 years of age or younger, or you are still enrolled in high school as of the day you sign this application.

**Additional Information**

Answer "Yes" is if you received a determination at any time on or after July 1, 2019, that you were an unaccompanied youth who was homeless or at risk of being homeless.

Answer "No" if you are not homeless, at risk of being homeless, or if you do not have a determination.

1. **At any time, on or after July 1, 2019, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless?** \_\_\_ Yes \_\_\_ No

If yes, skip question 2 and 3, sign and date this form, and attach copies of official documentation to support your claim. If no, move on to question 2.

2. **At any time, on after July 1, 2019, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless?** \_\_\_ Yes \_\_\_ No

If yes, skip question 3, sign and date this form, and attach copies of official documentation to support your claim. If no, move on to question 3.

3. **At any time, on or after July 1, 2019, 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 self-supporting and at risk of being homeless?** \_\_\_ Yes \_\_\_ No

If yes, sign and date this form, and attach copies of official documentation to support your claim.

➤ **By signing below, the student acknowledges and confirms that the above is complete and correct.**

\_\_\_\_\_  
Print Student's Name\_\_\_\_\_  
Student's Signature\_\_\_\_\_  
Date

**Please submit all documents to:** SFSC Financial Aid Office, 600 West College Drive, Building B, Avon Park, FL 33825  
**OR** E-mail: [FinancialAid@southflorida.edu](mailto:FinancialAid@southflorida.edu)