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OFFICE OF FINANCIAL AID - 900 EAST WASHINGTON ST., GREENSBORO, NC 27401 - FINANCIAL\_AID.EDU - (888) 370-8678 - FAX (336) 517-2204

**Office of Financial Aid 2018-2019 Homelessness Verification**

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

On your Free Application for Federal Student Aid (FAFSA) for 2018-2019, you may be an independent student based on your answers to questions 56 -58.

**Check the statement below that applies to you and submit supporting documentation.**

- 56. At any time on or after July 1, 2017, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless?
- 57. At any time on or after July 1, 2017, did the director of an emergency shelter or transitional housing program funded by the US Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless?
- 58. At any time on or after July 1, 2017, 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?
- I answered incorrectly and none of these conditions apply to me.  
By checking this option, I **understand that I will need to return this form to the Office of Financial Aid and correct my FAFSA by changing your answer to "no" to questions 56-58 and adding parental information as well as a parental signature.**

Documentation of your circumstances must be submitted with this form. Examples of appropriate documentation are: a copy of the determination from the high school or school district liaison, director of an emergency shelter program, or director of a runaway or homeless youth basic center or transitional living program, or another recognized third party.

Please use the space below to provide any additional comments.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the statement I checked is correct. I understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

\_\_\_\_\_  
Student's Signature (Required) Phone # Date

Please attach a copy of the documentation to this letter and submit it to the Bennett College Office of Financial Aid.

