



may be fined, be sentenced to jail, or both.

2013-2014 HOMELESSNESS VERIFICATION FORM

STEP 1: STUDENT INFORMATION

Please complete this verification form and provide copies of all requested paperwork within **15 days** of receipt to Governors State University. **Incomplete paperwork will not be accepted, thereby delaying the processing of your financial aid award.**

Student Name:			CSILID #	Last 4 digits of SS#:
Please Print	Last	First		Last 7 tilgits 01 33#
Permanent Home	Address:			
	City			State Zip Code
Student's Date of	Birth:	Home Pho	one #:	Cell #:
Email Address:		@student.govst.	edu	
STEP 2: On your FAFSA yo	ou indicated that at so	ome time on or after	July 1, 2012, one	of the following applies:
	our high school or sovas homeless.	chool district homel	ess liaison determ	ined that you were an unaccompanied youth wh
]] [The director of an em Jrban Development (The director of a runa	HUD) determined tl way or homeless yo	nat you were an ur outh basic center o	g program funded by the U.S. Dept. of Housing a naccompanied youth who was homeless. r transitional living program determined that yo self-supporting and at risk of being homeless.
to the (a. b. c. d. e. If you in http:// signatu	Office of Financial Aid A high school or scl A director or design A director or design HELP Agency Social Services Case Incorrectly marked of the www.fafsa.ed.gov Tree. Please be award (s)/step-parent.	l and Student Accound ool district homeles nee of a HUD-funded nee of a runaway or worker Worker question 55 'Yes' or make a correction	nts: ss liaison I shelter or transit; homeless youth ba I your 2013-2014 to your SAR and of	signated officials documenting your homeless of the solution o
I certify that all in		on this document is		d accurate. I understand that any false statemen repayment of financial aid.
Student's Signatur	re	Date		WARNING: If you purposely give false or misleading information on this worksheet, you