

Office of Financial Aid University Park, IL 60484 708.534.4480 Fax: 708.534.1172 www.govst.edu/finaid

2017-2018 HOMELESSNESS VERIFICATION FORM

Student Name:			GSU ID #		Last 4 digits of SS#:	
(Please Print)	Last	First			- 0	
Permanent Home Ad	dress:					
	City			State	Zip Code	
Student's Date of Bir	th:	Home Phon	ne #:		Cell #:	
Email Address:		@student.govst.eo	du			
HOMELESSNESS V On your FAFSA you i		me time on or after J	uly 1, 2016, one	of the follo	wing applies:	
homeless. ☐ The director of a Urban Developm ☐ The director of a	n emergency shelt ent (HUD) determ runaway or home	er or transitional ho	using program fu in unaccompanie er or transitiona	unded by the ed youth wh al living pro	ogram determined that you were an	
Instructions: Submit a letter on off of Financial Aid: a. A high school or b. A director or des c. A director or des d. HELP Agency e. Social Services C	school district hor ignee of a HUD-fu ignee of a runawa	neless liaison nded shelter or trans	ritional housing p	orogram	menting your homelessness to the Of	fice
CERTIFICATION S I certify that all infor or misrepresentation	mation reported o				I understand that any false statement of financial aid.	ıts
Student's Signature		 Date			NG: If you purposely give false or ding information on this worksheet, you	7

CRI CODE: FAC17HOM

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