



**2017-2018 DOCHOM**  
**Homelessness / At-Risk-Of-Homelessness Request Form**  
**Financial Aid Office**

Student Name: \_\_\_\_\_

Student ID#: A\_\_\_\_\_

Address: \_\_\_\_\_

Preferred Contact Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Instructions:**

*The Department of Education gives financial aid administrators the authority to take special circumstances into consideration on a case-by-case basis. A housing change resulting in homelessness is considered a special circumstance that may result in a student being classified as an independent student. Please review and submit the information below in order to request an independent classification for your **2017-2018 Free Application for Federal Student Aid (FAFSA)** due to homelessness or being at-risk of homelessness.*

**Section I: Student Affidavit**

Please attach a separate signed/dated statement detailing your current living situation and why you feel you should be considered an unaccompanied youth who is homeless or is at risk of being homeless.

**Section II: Supporting Documentation**

Please submit supporting information, such as the third-party documentation listed below, to substantiate the details of your statement. *(All letters should be on letterhead)*

Documentation possibilities for Homelessness or At-Risk-of-Homelessness:

- ☐ Letter from local school district personnel
- ☐ Letter from State homeless education coordinators
- ☐ Third parties such as private or publicly funded homeless shelters and service providers
- ☐ Financial aid administrators from other colleges
- ☐ Staff from colleges access programs, such as TRIO
- ☐ College or high school counselors
- ☐ Mental health professionals, social workers, mentors, doctors, and clergy

**Section III: Certification**

I hereby certify that all the information contained in my Homelessness / At-Risk-of-Homelessness request is true and complete. I have not knowingly or intentionally provided any false statements or fraudulent documentation. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, this appeal will be denied and my federal aid eligibility will be jeopardized.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_