

Return to:
Financial Aid & Scholarship Department
California State University, Northridge
18111 Nordhoff Street
Northridge, CA 91330-8307
(818) 677-4085
www.csun.edu/financialaid

Student Information (please print)

Last Name **First Name** **Middle Initial**

CSUN ID Number: _____

2013-2014 UNACCOMPANIED HOMELESS YOUTH VERIFICATION

You indicated on the FAFSA that you were an unaccompanied youth who was homeless, or were self-supporting and at risk of being homeless at any time on or after July 1, 2012.

- **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 you are 21 years of age or younger or you were still enrolled in high school as of the day you signed your FAFSA.

Please complete the following 2 steps and submit to the Financial Aid & Scholarship Department.

1. HOMELESS DETERMINATION

Please review the following questions and indicate at least one source that has determined you as homeless or self-supporting and at risk of being homeless:

- At any time on or after July 1, 2012 did your high school or **School District Liaison** determine that you were an unaccompanied youth who was homeless? **Yes** ___ **No** ___
- At any time on or after July 1, 2012 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** ___
- At any time on or after July 1, 2012 did the director of a **Runaway & 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** ___

2. SUPPORTING DOCUMENTATION

Please provide a copy of your determination from the source indicated above. This determination must be on company letterhead, with typed name, position, and signature of the source providing the letter.

3. SIGN AND DATE

I certify that all information reported on this form and any attachments is true, complete and accurate. False statements or representations will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

Student Signature

Date