

Financial Aid Office
1375 S Clare Ave, Harrison, MI 48625 • Phone: 989-386-6664, Fax: 989-772-2386
finaid@midmich.edu

2022-2023 Homeless or At Risk of Homelessness Verification Form

Name	Student ID#
Phone	Email
Current m	ailing address:
	ot report information about your parents on your FAFSA because you indicated you are homeless, of homelessness. You must review this form carefully and take the appropriate actions.
are "home motels, ve living in ar parent wo you need	EYOU may fall under this category if you are not in the physical custody of your parent or guardian and eless" meaning lacking fixed, regular, and adequate housing. This might include living in shelters, whicles, or temporarily living with other people because you have nowhere else to go. Also, if you are my of these situations and fleeing an abusive parent you may be considered homeless even if your ould provide support and a place to live. If you are unsure if your situation meets these definitions, or help in knowing what documentation to submit, please call the financial aid office. The National Homeless Education 1-800-308-2145 is also available if you have questions.
return thi	de an error on your FAFSA, and are <u>not homeless or at risk of homelessness</u> , you do not need to is form, however <u>you must change your answer on your FAFSA and provide your parent(s)' financial and signature</u> .
youth who whom yo	this section and return this form if at any time on or after July 1, 2022, you were an unaccompanied was homeless or at risk of being homeless. We <i>may</i> request a statement from an individual with u have temporarily lived with, or who knows of your situation. <i>Please provide documentation from an tency if possible:</i>
	rming/reaffirming that I am homeless or at risk of being homeless, as defined above by: A McKinney-Vento School District Liaison A director or designee of a HUD-funded shelter (HUD = Housing and Urban Development) A director or designee of a RHYA-funded shelter (RHYA = Runaway and Homeless Youth Act) A TRIO or GEAR UP college access program A mental health professional, social worker, employer, mentor, doctor, or clergy
a	am confirming/reaffirming that I am homeless or at risk of being homeless, however an outside agency/representative cannot confirm that I am homeless or at risk of being homeless (Must complete additional questions on page 2.)

Certification

I certify that all information provided in & with this document is true, complete and accurate. I understand that if I purposely give false or misleading information I may be fined, sentenced to jail, or both.

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Updated 10-06-2021

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2022- 2023 Homeless or At Risk of Homelessness Verification Form Continued

Name_	Student ID#
	COMPLETE THE FOLLOWING QUESTIONS IF YOUR SITUATION HAS NOT BEEN CONFIRMED BY AN DE AGENCY.
1)	Are you currently employed? How long have you been employed for?
2)	Do your employment hours vary weekly?
	Explain your current living situation (you must include dates and how long you have been in this situation).
Studen	ot Signature: Date: