

## **Office of Scholarships & Financial Aid**

1200 Murchison Road, Fayetteville, NC 28301 | Ph: (910) 672-1325 | Fax: (910) 672-1423 | www.uncfsu.edu/finaid

## 2022–2023 Guardianship – Homeless Form

| St               | udent Name:                                                                                                                                                                                                                                                                            | Banner ID: 830                                                                                               |     |  |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----|--|
| Address:         |                                                                                                                                                                                                                                                                                        |                                                                                                              |     |  |
| Pł               | hone Number:                                                                                                                                                                                                                                                                           | Email:                                                                                                       |     |  |
| do<br>con<br>rec | udents who answered "YES" to one of the following depen<br>ocumentation before they are considered independent. Ple<br>ndition(s) to verify and support your dependency status. Y<br>ceived and reviewed by the Office of Scholarships & Finar<br>u must provide parental information. | ease provide documentation related to the applicable<br>You will not be awarded until the information is     |     |  |
|                  | ease read and answer each question carefully. If you answer ovide the documentation as indicated.                                                                                                                                                                                      | rer "Yes" to one of the questions listed below, you mu                                                       | ust |  |
| 1.               | Are you or were you an emancipated minor as determine<br>you received the determination?<br>(If you answered "Yes," please provide a copy of office                                                                                                                                    | Yes No No                                                                                                    | ne  |  |
| 2.               | Are you or were you in legal guardianship as determined received the determination?                                                                                                                                                                                                    | by a court in your state of legal residence at the time your state of legal residence at the time you yes No | ou  |  |
| 3.               | (If you answered "Yes," please provide a copy of offic<br>At any time on or after July 1, 2021, did your high scho<br>unaccompanied youth who was homeless?                                                                                                                            | ool district homeless liaison determine that you were a Yes No                                               | an  |  |
| 4.               | (If you answered "Yes," please provide a statement from<br>At any time on or after July 1, 2021, did the Director of<br>funded by the U.S. Department of Housing and Urba<br>unaccompanied youth who was homeless?                                                                     | of an emergency shelter or transitional housing progra                                                       |     |  |
|                  | (If you answered "Yes," please provide a statement fr<br>HUD).                                                                                                                                                                                                                         | rom the Director of an emergency shelter funded l                                                            | by  |  |
| 5.               | living program determine that you were an unaccompanie at risk of being homeless?                                                                                                                                                                                                      | ed youth who was homeless or were self-supporting as<br>Yes No                                               | nd  |  |
|                  | (If you answered "Yes," please provide a statement fro<br>or transitional program).                                                                                                                                                                                                    | m the Director of a runaway or homeless youth cent                                                           | er  |  |
|                  | Student Certification – Read carefully before you sign.                                                                                                                                                                                                                                |                                                                                                              |     |  |

I hereby certify that all information contained in this document, including the documentation is true and complete. I affirm that I have not knowingly 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, my eligibility for Federal and State student aid may be jeopardized.

**Note:** Federal regulations stipulate that evidence of fraud must be reported to the U.S. Department of Education for possible investigation by the Office of the Inspector General and possible prosecution by the United States Attorney General's Office.

Student Signature

Date

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