

Office of Scholarships & Financial Aid GUARDIANSHIP - HOMELESS FORM – 2018/2019

			830	/ /
Last Name	First Name	M.I	Banner ID #	Student's Date of Birth
Street	City		State	Zip
documentation bef condition(s) to ver received and revie	vered "YES" to one of the fol fore they are considered ind rify and support your dependent wed by the Office of Scholar parental information.	lependent. Pleas endency status.	se provide documentatio You will not be awarde	n related to the applicable d until the information is
	swer each question carefully entation as indicated.	. If you answer "	Yes" to one of the quest	ions listed below, you must
you received th	e you an emancipated minor e determination? ed "Yes," please provide a		Ye	iegal residence at the times No
2. Are you or we you received th	re you in legal guardianship le determination? ed "Yes," please provide a	as determined by	y a court in your state of Ye	s D No D
3. At any time on were an unacco	or after July 1, 2017, did yc ompanied youth who was hor red "Yes," please provide a	our high school o neless?	r school district homeless Ye	

4. At any time on or after July 1, 2017, did the Director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development (HUD) determine that you were an unaccompanied youth who was homeless? **Yes No**

(If you answered "Yes," please provide a statement from the Director of an emergency shelter funded by HUD).

5. At any time on or after July 1, 2017, did the Director of a runaway or 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
(If you answered "Yes," please provide a statement from the Director of a runaway or homeless youth center

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

or transitional program).

Date

Submit completed form to: Fayetteville State University Office of Scholarships & Financial Aid 1200 Murchison Road Fayetteville, North Carolina 28301 Telephone: 910-672-1325 Fax: 910-672-1423 Email: finaid@uncfsu.edu