



Office of Financial Aid

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

2021–2022 Guardianship – Homeless Form

Student Name: _____ Banner ID: 830 _____

Address: _____

Phone Number: _____ Email: _____

Students who answered "YES" to one of the following dependency questions on the FAFSA are required to provide documentation before they are considered independent. Please provide documentation related to the applicable condition(s) to verify and support your dependency status. You will not be awarded until the information is received and reviewed by the Office of Scholarships & Financial Aid. If you answered "NO" to all the questions, you must provide parental information.

Please read and answer each question carefully. If you answer "Yes" to one of the questions listed below, you must provide the documentation as indicated.

- 1. Are you or were you an emancipated minor as determined by a court in your state of legal residence at the time you received the determination? Yes [] No []
2. Are you or were you in legal guardianship as determined by a court in your state of legal residence at the time you received the determination? Yes [] No []
3. At any time on or after July 1, 2020, did your high school district homeless liaison determine that you were an unaccompanied youth who was homeless? Yes [] No []
4. At any time on or after July 1, 2020, 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 []
5. At any time on or after July 1, 2020, 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 []

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 _____
Internal Use Only YTHEMA – YTHLEG – YTHHS – YTHHUD - YTHHOM