



## 2018-19 FINANCIAL AID VERIFICATION OF INDEPENDENT STATUS

### **SECTION I (Instructions)**

Students who answered 'yes' on their Free Application for Federal Student Aid (FAFSA) to being homeless must submit documentation to the Grossmont College Financial Aid Office, if this is the only criterion which makes a student Independent. This form has been provided to enable students to demonstrate their independent status for financial aid purposes. Acceptable documentation, in lieu of this form, would be a signed letter (on letterhead) by any of the certifying officials listed in Section III.

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### **SECTION II (to be completed by Student)**

\_\_\_\_\_  
Last Name                      First Name                      M.I.                      ID#

\_\_\_\_\_  
E-mail Address (if applicable)                      Phone Number (if applicable)

I hereby authorize the certifying official at \_\_\_\_\_ to release information regarding my homeless status (on or after **July 1, 2017**) to the Grossmont College Financial Aid Office.

\_\_\_\_\_  
Student Signature                      Date

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### **SECTION III (to be completed by Certifying Official)**

The student above may be eligible for financial aid as an independent student. When validation is complete, please return the form to the Grossmont College Financial Aid Office, 8800 Grossmont College Drive, El Cajon, CA 92020-1799. Please **check** only one option and sign below.

- ☐ Student was determined to be an unaccompanied youth who was homeless (on or after July 1, 2017) **by a high school or high school district homeless liaison.**
- ☐ Student was determined to be an unaccompanied youth who was homeless (on or after July 1, 2017) **by the director/coordinator of an emergency shelter or transitional housing program funded by the U.S. department of Housing and Urban Development.**
- ☐ Student was determined to be an unaccompanied youth who was homeless or at risk of being homeless (on or after July 1, 2017) **by the director/coordinator of a runaway or homeless youth basic center or transitional living program.**

\_\_\_\_\_  
Print Name of Certifying Official                      Phone Number

\_\_\_\_\_  
Signature of Certifying Official                      Date

\_\_\_\_\_  
Title of Certifying Official                      E-mail Address