Imperial Valley College
Financial Aid Office

P.O. Box 158, Imperial, CA. 92251
Telephone: 760-355-6266 FAX: 760-355-6119

FINANCIAL AID VERIFICATION OF HOMELESS 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 Imperial Valley 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 independency status for financial aid purposes. Acceptable documentation, in lieu of this form, would also be a signed letter (on letterhead) by any of the certifying officials listed in Section III.

- -

SECTION II (to be completed by Student)

____ __________________________
Last Name First Name M.I. SSN

____ __________________________
E-mail Address (if applicable) Phone Number (if applicable)

I hereby authorize the certifying official at ____ to release information regarding my homeless status (as of July 1, 2011 or later) to the Imperial Valley College Financial Aid Office.

_____________________________________ ________________
Student Signature Date

- -

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 Imperial Valley College Financial Aid Office, P.O. Box 158, Imperial, CA 92251. Please **check** only one option and sign below.

☐ Student was determined to be an unaccompanied youth who was homeless (on or after July 1, 2011) ***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, 2011) ***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, 2011) ***by the director/coordinator of a runaway or homeless youth basic center or transitional living program***.

____ ___________ ______
Print Name of Certifying Official Phone Number Date

____ ______________________
Signature of Certifying Official E-mail Address

____
Title of Certifying Official