

Lander University Financial Aid Office 320 Stanley Avenue, Greenwood, SC 29649

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2022-2023 Homeless or Risk of Homelessness Verification Form

Student's Last Name First N	lame	МІ	Lander ID (L#)	
Address: Street	City	State	Zip	
On the Free Application for Federal Stulocumented as homeless or as an unaction status.	dent Aid (FAFSA) yo companied youth at ris	u indicated that you ar sk of being homeless. F	e an independent student due to Please complete the form below to	being verify
SECTION A: Student Certification (Check the	<u> </u>			
At any time on or after July 1, 2021, of unaccompanied youth who was hom of Sign and date below and forwards.	eless?		-	
At any time on or after July 1, 2021, or Department of Housing and Urban D Sign and date below and for	evelopment determine th	nat you were an unaccomp		S.
	npanied youth who was h	nomeless or were self-supp	sic center or transitional living program orting and at risk of being homeless? ter for certification below.	n
I do not meet the above requirement Submit this form along with a			ered. n you may have (letters from counselors, o	etc.)
I am not considered to be homeless you will need to:	or at risk of being homel	ess. Since you were unable	e to document any of the homeless design	nations,
 Correct your FAFSA by answ Complete the FAFSA with pa Sign and date below and retu If you feel you have special owww.lander.edu/finaid/forms 	rent information in STEP 4 urn this form to the Lander ircumstances, you may re	1. University Financial Aid Offic view and submit the 2022-20		t
declare that all the information reported on this cause for denial, reduction, withdrawal and/or rep		rate. I understand that any fa	alse statement or misrepresentation will be	е
Student's Signature (Required)		Phone #	Date	-
SECTION B: To be Completed by Youth Hous	ing Official			
UTH HOUSING OFFICIAL FULL NAME	TITLE		MAILING ADDRESS	
ase Check Your Status:	I confirm the student	listed above is (please che	ck one):	
 McKinney-Vento School District Liaison Director or designee of a HUD-funded shelter Director or designee of a RHYA-funded shelter ONE NUMBER:	□ An unaccom July 1, 2021	panied homeless youth after	After July 1, 2021, the student was livi homeless situation, as defined by Sec the McKinney-Vento Act, and was not physical custody of a parent or guardi.	ction 725 of tin the
		panied self-supporting youth melessness after July 1,		ot in the ian, provid

Signature of Housing Official:	Date:	

DATA ENTRY	Financial Aid Use Only	COUNSELOR REVIEW (circle one)		
RRAAREQ	xxHOME = N - Pending Review	Homeless documentation Received and Approved: * xxHOME = S * Update ROANYUD 29 Homeless Verf'd = Y *Update RNAOV Dep to H if FAA pj (doesn't meet 1st 3 criteria)		
Initials/date		Homeless documentation Incomplete: *xxHOME = I (or M and ROAMESG = HOMI if incomplete and something to be mailed back)		
NOTE: GEN-15-16		Homeless Status not Approved: *RNANAxx Homeless #55, 56, 57 = N *lock RNANA *Recalc Need and update ROAUSDF efc and trans		
Fwd to Counselor date		*RRAAREQ - xxHOME = S , CORRP= E *Re-track on ROAIMMP unless parent info provided, will track into UNSAR or UNSIGN *CNSLR Initials and date		