



**Office of Financial Aid**

Phone: 864-388-8340 | Fax: 864-388-8811 | Form Code 27HOME  
 320 Stanley Avenue, Greenwood, SC 29649 | [lander.edu/finaid](http://lander.edu/finaid) | Email: [finaid@lander.edu](mailto:finaid@lander.edu)

**2026-2027 Homeless or Risk of Homelessness Verification Form**

<b>Student's Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Lander ID (L#)</b>
<b>Address: Street</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

On the Free Application for Federal Student Aid (FAFSA) you indicated that you are an independent student due to being documented as homeless or as an unaccompanied youth at risk of being homeless. Please complete the form below to verify your status.

**SECTION A: Student Certification (Check the status that applies)**

- At any time on or after July 1, 2025, did your high school or school district homeless liaison or designee determine that you were an unaccompanied youth who was homeless or at risk of becoming homeless?**
  - Sign and date below and forward to your School Homeless Liaison for certification below.
- At any time on or after July 1, 2025, did the director or designee of an emergency shelter or transitional shelter, street outreach program, homeless youth drop-in center, or other program serving those experiencing homelessness determine that you were an unaccompanied youth who was homeless or at risk of becoming homeless?**
  - Sign and date below and forward to the director or designee of a shelter or homeless program, for certification below.
- At any time on or after July 1, 2025, did the director or designee of a project supported by a federal TRIO or GEAR UP program determine that you were an unaccompanied youth who was homeless or were at risk of being homeless?**
  - Sign and date below and forward to the director or designee of a federal TRIO or GEAR UP program for certification below.
- I do not meet the above requirements but have extenuating circumstances to be considered.**
  - Submit this form along with a letter of explanation and any supporting documentation you may have (letters from counselors, etc.)
- I am not considered to be homeless or at risk of being homeless.** Since you were unable to document any of the homeless designations, you will need to:
  - Correct your FAFSA by answering **NONE OF THESE APPLY** to question 6 related to homelessness.
  - Complete the FAFSA with parent (and if applicable, stepparent) information.
  - Sign and date below and return this form to the Lander University Financial Aid Office.
  - If you feel you have special circumstances, you may review and submit the 2026-2027 Dependency Appeal Form available at [www.lander.edu/finaid/forms](http://www.lander.edu/finaid/forms) to the Lander University Financial Aid Office.

I declare that all the information reported on this document is true and accurate. I understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

<b>Student's Signature (Required)</b>	<b>Phone #</b>	<b>Date</b>
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**SECTION B: To be Completed by Youth Housing Official**

<b>YOUTH HOUSING OFFICIAL FULL NAME</b>	<b>TITLE</b>	<b>MAILING ADDRESS</b>
Please Check Your Status: <input type="checkbox"/> School Homeless Liaison <input type="checkbox"/> Director or designee of a shelter or homeless program <input type="checkbox"/> Director or designee of a federal TRIO or GEAR UP Program  <b>PHONE NUMBER:</b>	<b>I confirm the student listed above is (please check one):</b> <input type="checkbox"/> An unaccompanied homeless youth after July 1, 2025.  <input type="checkbox"/> An unaccompanied self-supporting youth at risk of homelessness after July 1, 2025.	
	After July 1, 2025, the student was living in a homeless situation, as defined by Section 725 of the McKinney-Vento Act and was not in the physical custody of a parent or guardian.  After July 1, 2025, the student was not in the physical custody of a parent or guardian, provides for his or her own living expenses entirely on his or her own and is at risk of losing his or her housing.	

According to the College Cost Reduction and Access Act (Public Law 110-84), I, the official listed above, am authorized to verify the above student's living situation. No further verification by the Financial Aid Administrator is necessary. Should you have questions or need more information about this student, please contact our office at the number listed above.

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 Ver'd = Y *Update RNAOV Dep to H if FAA PJ (doesn't meet 1 <sup>st</sup> 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 FAFSA Specifications Guide Comment Code 325 FSAH AVG, Ch. 2, Ch. 5 Fwd to Counselor date	Counselors must finalize their review within 60 days of receipt of initial application.	Homeless Status not Approved: *RNANAx Homeless #55, 56, 57 = N *lock RNANA *Recalc Need and update ROAUSDF efc and trans *RRAAREQ - xxHOME = S, CORRP= E *Re-track on ROAIMMP unless parent info provided, will track into UNSAR or UNSIGN *ROAMESG - type note unable to approve CNSLR Initials and date