



Lander University Financial Aid Office

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320 Stanley Avenue, Greenwood, SC 29649
 Email: finaid@lander.edu • Web: <https://www.lander.edu/admissions/tuition-financial-aid>
 Phone: (864) 388-8340 • Fax: (864) 388-8811

2020-2021 Homeless or Risk of Homelessness Verification Form

Student's Last Name **First Name** **MI** **Lander ID (L#)**

Address: Street **City** **State** **Zip**

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, 2019, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless?**
 - Sign and date below and forward to your School District's McKinney-Vento Liaison for certification below.
- At any time on or after July 1, 2019, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless?**
 - Sign and date below and forward to the director or designee of a HUD-funded shelter for certification below.
- At any time on or after July 1, 2019, 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?**
 - Sign and date below and forward to the director or designee of a RHYA-funded shelter 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 **NO** to the questions #55, 56, 57 related to homelessness in STEP 3.
 - Complete the FAFSA with parent information in STEP 4.
 - 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 2020-2021 Dependency Appeal Form available at <https://www.lander.edu/admissions/tuition-financial-aid/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.

Student's Signature (Required) **Phone #** **Date**

SECTION B: To be Completed by Youth Housing Official

YOUTH HOUSING OFFICIAL FULL NAME	TITLE	MAILING ADDRESS
Please Check Your Status: <input type="checkbox"/> McKinney-Vento School District Liaison <input type="checkbox"/> Director or designee of a HUD-funded shelter <input type="checkbox"/> Director or designee of a RHYA-funded shelter PHONE NUMBER:	I confirm the student listed above is (please check one): <input type="checkbox"/> An unaccompanied homeless youth after July 1, 2019. <input type="checkbox"/> An unaccompanied self-supporting youth at risk of homelessness after July 1, 2019.	After July 1, 2019, 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, 2019, 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.

Signature of Housing Official: _____ **Date:** _____

DATA ENTRY	Financial Aid Use Only	COUNSELOR REVIEW (circle one)
RRAAREQ	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 Fwd to Counselor date		Homeless Status not Approved: *RNANAxx Homeless #55, 56, 57 = N *lock RNANA *Recalc Need and update ROAUSDF etc 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