

Office of Financial Aid 3219 College Street Box 20523 Savannah, Georgia 31404 Office (912) 358-4162 Fax (912) 358-3167

2014-2015 UNACCOMPANIED YOUTH OR HOMELESS

Your status for financial aid as an **Independent** student was based on your answer to the question on the 2014-2015 FAFSA regarding your status as an **Unaccompanied Youth** or you were **At Risk of Homelessness**. Please statement from third party source verifying your status.

Student' Name:		SSU ID#:	
Last	First	MI	
 Youth means that you are 21 years of Unaccompanied means you are not Homeless means lacking fixed, regulation with other people because you have 	living in the physical custody lar, and adequate housing, incl	of a parent or guardian.	
Check the appropriate statement be of Financial Aid so that we may con			to the Office
On or after July 1, 2014, your high Unaccompanied Youth who was		meless liaison determined you were	an
	_ ,	or transitional housing program fundined you were an Unaccompanied	•
1 1		youth basic center or transitional lere self-supporting and at risk of bei	_
I mistakenly selected Unaccomp documentation.	oanied Youth or At Risk of	Homelessness or I am unable to	provide
If you mistakenly selected Unacce your Free Application for Federal	-	f Homelessness, you will need to con	rrect
If you are unable to provide documentation can	• •	ontact the Office of Financial Aid to d	etermine
By signing this worksheet, I verify tha	t the information reported o	on this document is complete and	accurate.
Student's Signature		Date	

FAILURE TO COMPLETE THIS FORM AS DIRECTED WILL DELAY PROCESSING OF YOUR FINANCIAL AID AWARD

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail or both.