

Financial Aid Office 1801 East Cotati Avenue Rohnert Park, CA 94928

www.sonoma.edu/finaid

Telephone: (707) 664-2389 Fax: (707) 664-4242

2019-20 Homeless Unaccompanied Youth Verification Form

Student Name			SSU I.D.	
Instructions:				
2018 you were dete considered an indep determination). Plea form to the Financial of the form to the Financial of the form to	neendent student, you must propose complete this form, attack al Aid Office as soon as pos	nied youth who was hor rovide documentation (p ch the appropriate documentation)	ne time on or after July 1, meless. To show that you meet the person who rementation, sign the certification the Financial Aid Office at final	nade the pelow, and return the
Please respond to the	ne following questions:			
•	or after July 1, 2018, did yo nied youth who was homele	•	ol district homeless liaison deter	mine that you were
If Yes, you mu ☐ Yes	st provide documentation. No			
•	partment of Housing and U	_	ncy shelter or transitional housir rmine that you were an unaccom	
If Yes, you mu ☐ Yes	st provide documentation. No			
living program risk of being h	determine that you were ar		or homeless youth basic center who was homeless or were self-	
•	□ No			
	tial Aid Administrator at you d youth who was homeless?	-	rmine that you were independen	t due to being an
If Yes, your Fi ☐ Yes	nancial Aid Representative No	will confirm this and co	ontact you if necessary.	
Sign this State	ment			
I certify that all the	he information reported or	n this form is complete	and correct.	
Student Signature		Date	Phone nun	nber