

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

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## 2020-21 Homeless Unaccompanied Youth Verification Form

Student Name			SSU I.D.	
nstructions:				
When you filed you be an unaccompanie you must provide de the appropriate door possible.  If you are not able	ed youth who was homeless ocumentation (preferably frumentation, sign the certific	s. To show that you meet rom the person who made cation below, and return	t the criteria to be conside the determination). Ple the form to the Financia	1,2019 you were determined to dered an independent student, ease complete this form, attach al Aid Office as soon as e at finaid@sonoma.edu or
Please respond to the	ne following questions:			
•	n or after July 1, 2019, did y nied youth who was homele	•	ol district homeless liais	on determine that you were
If Yes, you mu ☐ Yes	sst provide documentation.  No			
	or after July 1, 2019, did the partment of Housing and U			
If Yes, you mu ☐ Yes	sst provide documentation.  No			
living program risk of being h If Yes, you mu	n or after July 1, 2019, did the determine that you were an omeless?  In this provide documentation.  In this provide documentation.	•	<u> </u>	
Question 4 Did the Finance	cial Aid Administrator at yo		rmine that you were ind	ependent due to being an
•	inancial Aid Representative		entact you if necessary.	
Sign this State	ment			
I certify that all the	he information reported o	on this form is complete	and correct.	
Student Signature		Date		none number