



Student Name: \_\_\_\_\_

Campus ID Number: \_\_\_\_\_

**INDEPENDENT STATUS CONFIRMATION**

We received your FAFSA application for 2018-2019. You reported that you had a special circumstance preventing you from providing parent data on the application. Please complete this form and requested documentation to our office so that we resume processing your application and determine your eligibility for aid. Please note the following definitions:

- Unaccompanied:** means you are not living in the physical custody of your parent or guardian
  - Homeless:** Means lacking fixed, regular, and adequate housing, which includes living in shelters, transitional housing, motels or cars, or temporarily living with other people (i.e., "couch-surfing").
  - Self-Supporting:** Means you pay for you own living expenses, including fixed, regular and adequate housing.
  - Definition:** A student is considered at risk of being homeless when that student's housing may cease to be fixed, regular and adequate. For example: A student who is being evicted and has been unable to find fixed, regular and adequate housing or who is "couch-surfing" with friends, is in substandard housing, or the utilities have been turned off.
- Additionally, if you are living in any of these situations and fleeing an abusive parent, you may be considered homeless even if your parent would otherwise provide a place to live.

*The National Center for Homeless Education: 1-800-308-2145 is available as a resource*

**Part I: Student Information**

Please select the statement below that applies to you:

I am attaching documentation confirming my status of homeless or risk of homelessness

I am able to provide confirmation of my status as unaccompanied and homeless or self-supporting and at risk of homelessness. **Documentation Requested:** Attach a copy of a letter (on official letterhead) confirming your status from one of the following:

- Your High School or McKinney-Vento School District Liaison
- The Director (or designee) of an Emergency Shelter Program or a Runaway or Homeless Youth Center/Program
- Health Professional, Social Worker, or Employer
- School Counselor, Teacher, or Mentor, or Coach
- Clergy member

I am unable to obtain documentation that confirms my status.

Although I am unable to provide documentation from one of the above officials or 3<sup>rd</sup> party individuals, I feel that I qualify as either homeless or self-supporting and at risk of homelessness. **Documentation Requested:** Attach a letter explaining your situation. Someone from our office *may* contact you for clarification of your situation.

**Part II: Student Certification**

Each person signing below certifies that all of the information reported on this form is complete and correct.

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

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Return this form and all requested documentation to our office **labeled with the student's name & CSULB ID Number:**

**By Mail:**  
CSULB Financial Aid Office  
1250 Bellflower Blvd.  
Long Beach, CA 90840-0106

**By FAX:**  
(562) 985-1509  
**Attention: Financial Aid**

**In Person:**  
Enrollment Services Windows  
Brotman Hall 1<sup>st</sup> Floor Courtyard