



INDIANA UNIVERSITY  
SOUTH BEND

# Homeless / Unaccompanied Youth Worksheet 2018 – 2019 Academic Year

Office of Financial Aid and Scholarships ▪ Indiana University South Bend ▪ P.O. Box 7111 ▪ South Bend, IN 46634-7111  
Phone: (574)520-4357 Fax: (574) 520-5561 Email: sbfinaid@iusb.edu Website: financialaid.iusb.edu

When you completed the 2018-2019 FAFSA, you indicated you were an unaccompanied youth who was homeless or at risk of being homeless. Because of this, your application has been selected for review. Please complete this form and attach the information requested below. No disbursement of your financial aid funds for the current school year will be made until the information is received and reviewed.

Student's Name \_\_\_\_\_  
(Please print) Last First Middle

Student University ID Number \_\_\_\_\_

**Definitions**

**Homeless:** lacking fixed, regular and adequate housing, which includes living in shelters, motels or temporarily living with other people because you had nowhere else to go.

**Unaccompanied:** You are not living in the physical custody of your parent or guardian.

**Youth:** You are 21 years of age or younger or you were still enrolled in high school as of the day you signed the FAFSA.

- At any time on or after July 1, 2017, did your high school or school \_\_\_\_\_ Yes \_\_\_\_\_ No district homeless liaison determine that you were an **unaccompanied youth** who was **homeless**?\*  
*\*If yes, please attach a letter from you describing your situation and documentation from your liaison.*
- At any time on or after July 1, 2017, did the director of an emergency \_\_\_\_\_ Yes \_\_\_\_\_ No 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**?\*  
*\*If yes, please attach a letter from you describing your situation and a letter from the director of your housing program.*
- At any time on or after July 1, 2017, did the director of a runaway \_\_\_\_\_ Yes \_\_\_\_\_ No 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**?\*  
*\*If yes, please attach a letter from you describing your situation and a letter from the director of your housing program.*

Please attach the requested documents, sign the worksheet and return it to our office. Failure to provide appropriate documentation of your status will delay the processing of your aid. Affirmation Statement: **Information included on this form is true and accurate to the best of my knowledge.**

Signature \_\_\_\_\_ Date \_\_\_\_\_