

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Person Number: \_\_\_\_\_

**Documentation**

Check the scenario below that best applies to you and return this form with all of the requested supporting documentation.

\_\_\_\_\_ **1.** On or after July 1, 2018, my high school or school district homeless liaison determined that I was an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless.

<b>Required Documentation:</b> Submit a copy of the official document from your homeless liaison stating your official Unaccompanied Homeless Youth status.
If you do not have Unaccompanied Homeless Youth status, go to <a href="https://fafsa.ed.gov">fafsa.ed.gov</a> to make the necessary corrections. Refer to the Dependency Status section to correct this error.

\_\_\_\_\_ **2.** On or after July 1, 2018, the director of an emergency shelter program funded by the U.S. Department of Housing and Urban Development determined that I was an unaccompanied youth who was homeless.

<b>Required Documentation:</b> Submit a copy of the document from the director of the emergency shelter stating your official Unaccompanied Homeless Youth status.
If you do not have Unaccompanied Homeless Youth status, per the director of an emergency shelter, go to <a href="https://fafsa.ed.gov">fafsa.ed.gov</a> to make the necessary corrections. Refer to the Dependency Status section to correct this error.

\_\_\_\_\_ **3.** On or after July 1, 2018, the director of a runaway or homeless youth basic center or transitional living program determined that I was an unaccompanied youth who was homeless or was self-supporting and at risk of being homeless.

<b>Required Documentation:</b> Submit a copy of the document from the director of the youth basic center shelter stating your official Unaccompanied Homeless Youth status or was self-supporting and at risk of being homeless.
If you do not have Unaccompanied Homeless Youth status or were self-supporting and at risk of being homeless, go to <a href="https://fafsa.ed.gov">fafsa.ed.gov</a> to make the necessary corrections. Refer to the Dependency Status section to correct this error.

**Signature and Certification**

I certify that all information provided in this document is true, complete and accurate to the best of my knowledge. I further understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. Also, purposely giving false or misleading information on this worksheet may lead to fines, jail sentences, or both. I authorize the University at Buffalo to make any change(s) necessary as a result of the updated information that I have provided.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_