|  |
| --- |
| **2024-2025 Unaccompanied Homeless Youth Determination** |

Thank you for submitting the FAFSA to Augsburg University. This form is being provided to you because you indicated that you were unaccompanied and either 1) homeless or 2) self-supporting and at risk of being homeless at any time after July 1, 2023.

**Student’s Last Name:­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

To be considered an unaccompanied homeless youth for financial aid purposes, an individual must be a youth who is 1) unaccompanied and homeless or 2) unaccompanied, self-supporting, and at risk of being homeless. Please see the definitions below for each term:

* **Unaccompanied**—when a student is not living in the physical custody of a parent or guardian
* **Homeless**—lacking fixed, regular, and adequate housing
* **At risk of being homeless**—when a student’s housing may cease to be fixed, regular, and adequate, for example, a student who is being evicted or has been asked to leave their current residence and has been unable to find fixed, regular, and adequate housing
* **Self-supporting**—when a student pays for his or her own living expenses, which includes paying for fixed, regular, and adequate housing

**Student’s First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Augsburg ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **I meet the criteria listed in the box to the left.** If so, please check the appropriate box below.
* **I do not meet the criteria listed in the box below, but I have questions about my financial aid.**Please contact our office to speak with a counselor about next steps: studentfinances@augsburg.edu or 612.330.1046

|  |
| --- |
| **Next Steps – Please check the applicable box and provide any corresponding documents with this form.** |

* **I have documentation from any of the following authorized entities that attests that the youth has experienced homelessness as an unaccompanied youth, or was unaccompanied, self-supporting, and at risk of homelessness, any time since July 1, 2023:**
	+ School district homeless liaisons or their designee;
	+ The director or a designee of a director of an emergency or transitional shelter, street outreach program, homeless youth drop-in center, or other program serving individuals who are experiencing homelessness
	+ The director or a designee of a director of a program funded under a TRIO or Gaining Early Awareness and Readiness for an Undergraduate program (“GEAR UP”) grant;
	+ A financial aid administrator at another institution who previously made a determination.
* **I do not have documentation from outside sources. I will be providing a signed and dated written statement explaining my circumstances. The statement should include things like:**
	+ The timeframe you experienced homelessness or were at-risk of homelessness
	+ Where you would live if your current housing was not available.
	+ How you are supporting yourself financially.
	+ Where you are currently residing. Examples include (but may include others as well):

|  |  |  |
| --- | --- | --- |
| Car | Shelter | On campus housing (but wouldn’t otherwise have a place to stay) |
| Motel | Other temporary housing | Temporarily staying with others/couch-surfing due to loss of housing, economic hardship, or a similar reason |
| Campsite | Substandard housing | Other |

* **I do not have documentation from outside sources. I would like to set up a time to discuss my circumstances with a financial aid counselor at Augsburg (can meet in person, virtually or by phone).**
	+ Please call me to set up a time. Here is my phone number:
	+ Please email me to set up a time. Here is my email:

If you have questions about any of the information on this form, please email studentfinances@augsburg.edu

|  |
| --- |
| **Signature \*\*\*** Signing this form certifies that all information reported is complete and correct. \*\*\* |

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