We strongly recommend that this request be received complete by the Financial Aid Office (FAO) no less than 2 weeks before your last day of class for the term you are enrolled. Requests received on your last day of class or incomplete may not be reviewed. The law does not permit the FAO to process any requests submitted after your classes end for the term.

Please note: Your last day of class may be earlier than the posted end of term. Fall 2024 Term ends 12/16/24. Spring 2025 Term ends 6/2/25.

FAO Signature:



Date: \_\_\_\_\_

Unusual Ci	rcumstance-Homeless or	Youth At Risk	of Homelessness	Determination	Petition
		2024 - 2025			

		2024 – 2023
Student Name:		CSID:
Phone Number:		Email:
you are considered a c using parent income a	dependent student according to	rimary responsibility for meeting the educational cost of students. If the financial aid definition, your aid eligibility is determined by n to your information. Dependent students are therefore required by be considered for financial aid.
homelessness. (Examp	oles include leave home due to pelling place with no secure living	ental information due to homelessness or being at risk of physically abusive parental relationships, former wards of the court o parrangements, or having insufficient resources to pay living and
as an exemption; you s your parents are unwil	supported yourself; you disagree	ptional or unusual circumstances: Your parents did not claim you e with the living arrangements secured by your parent(s), you or enses; it is difficult to acquire their information. Unfortunately, en into consideration.
<i>If you do have unusua</i> circumstances.	nl circumstances, please describe	these in detail and attach all documents that support your
PLEASE SUBMIT EACI	H OF THE FOLLOWING IN YOUR	DETAILED STATEMENT (PLEASE CHECK EACH SUBMITTED)
following questions:    Identify the furegardless of regardless of regardless of the contact     Describe the late of the contact     Explain the cire     If you are "coute     List the with a     In the contact     At-Risk of ho     Any other suppolice reports,     I certify that the informatice	all name(s) and location of your partial status or gender. ast time you lived with and/or had also time you lived with and/or had also time you housing insuch hoping", you must include in the full name, physical address, te and their relationship to you of you case of shelters, list full name, partis.  The provided is true and complete to I have provided is true and I have provided is tr	parent(s). Include information on both parent 1 and parent 2 ad contact with your parent(s). Include the date, location, and nature security. (Please be clear and specific.) n your statement the following information: elephone number and e-mail address of the person(s) you are living your parents. Ohysical address, telephone number and e-mail address of shelter explain how you were/are self-supporting.  as proof of abandonment or abuse by parent(s), court documents, et to the best of my knowledge. I agree to provide proof supporting the information yided are true copies of the documents as filed with the IRS. I realize that giving
false or misleading inform	nation may result in a \$20,000 fine, a prisonal state of the state of	bon sentence, or both.  Date:
Office use only:	Approved per Professiona Denied	al Judgment based on unusual circumstances