Please fill in blanks, print, sign, attach docs & return

Press tab or shift-tab to move between fields

FORM UYOUTH - IDAHO STATE UNIVERSITY UNACCOMPANIED YOUTH

23-24

UYOUTH-24

The federal government requires colleges to check the accuracy of the information you provided on your Free Application for Federal Student Aid (FAFSA). This process is called verification. You must complete the verification process before the Office of Financial Aid can establish your eligibility for assistance. You must return the information requested on this form or you will not be considered for federal financial aid. Please return this completed form with applicable attachments to:

Office of Financial Aid, Idaho State University
921 S 8th Ave, Stop 8077, Pocatello, ID 83209-8077
Phone: (208)282-2756 Fax: (208)282-4755

University Place, Bennion Student Union
1784 Science Center, Idaho Falls, ID 83402
Phone: (208)282-7704

Email: financialaid@isu.edu Scan and Upload: isu.edu/financialaid/upload

*Student Name:_____
(Use blue or black ink) Last First M.I.

*ISU ID:_____ *Last 4 Digits of Social Security #:_____
(Find under Academic Tools tab on BengalWeb) **Required*

You have applied for federal financial aid as an independent student based on one of the following reasons. Please mark the reason you applied as an independent student and submit the documentation indicated.

- "**Homeless"** means lacking fixed, regular and adequate housing, which includes living in shelters, motels or cars, or temporarily living with other people because you had nowhere else to go.
- **"Unaccompanied"** means you are not living in the physical custody of your parent or guardian.
- **"Youth"** means you are not yet 24 years of age or you are still enrolled in high school as of the day you signed the FAFSA.

_____ At any time on or after July 1, 2022, your high school or school district homeless liaison determined that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless. **Please attach a copy of the determination.**

_____ At any time on or after July 1, 2022, the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determined that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless. **Please attach a copy of the determination.**

_____ At any time on or after July 1, 2022, the director of a runaway or homeless youth basic center or transitional living program determined that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless. **Please attach a copy of the determination.**

If you cannot provide one of the forms of documentation listed above, please explain why not. Then write a statement explaining why you should be considered independent based on one of the above reasons (attach additional pages, if needed).

_____
_____
_____
_____
_____
_____
_____
_____
_____

CERTIFICATION: The person signing below certifies that all of the information reported is complete and correct.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student Signature:_____ Date:_____
Typed signatures not accepted

Print & Reset Document

Reset