



Student Financial Aid Office
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Determination of Homelessness

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student Name: _____

HCC ID: _____

Who is Considered Homeless?

Individuals who lack fixed, regular, and adequate nighttime residence AND

- Are sharing housing with another person due to loss of housing, economic hardship or similar reason; are living in camp grounds, emergency shelters, transitional shelters or a substandard or abandon building, etc.
- Whose primary nighttime residence is a public or private place not designated or ordinarily used as a regular sleeping accommodation for human beings. Example: health clinic, an office, public restroom, etc.
- Whose primary nighttime residence is a parked car, public parks, bus or train station, or similar settings.

If a student reports that he/she is homeless on the FAFSA (Free Application for Federal Student Aid) the Student Financial Aid Office may be required to collect written documentation to determine that the student is homeless. The United States Department of Education or FAFSA processor determines if this documentation is necessary.

Presently where are you living? Check all boxes that apply:

- In an emergency shelter or transitional housing
- In an abandoned building
- In my car or other vehicle or camper
- Temporary housing
- Public Place (bus or train station, park, public restroom or similar setting)
- With extended family member and I sleep in a room not usually used for sleeping (kitchen, living room, etc.)
- With a friend of the family
- None of the above applies to me. I live...(Explain in the box below)

Check the correct answer to the following questions. More than one of these situations may apply to you.

Yes No

- Do you stay in the same place every night?
- Do you move around a lot?
- Do you have keys to the place where you live?
- Do you have the legal right to be in the home where you sleep?
- Are you homeless because of an eviction, inability to pay rent or mortgage?
- Are you homeless because of a natural disaster that destroyed your previous home? - If yes, when did the disaster occur?
Date _____
- Did you become homeless due to unemployment? - If yes, when did you become unemployed? Date _____
- Did you become homeless when you lost public benefits (social security, TANF, etc.)? ---
If yes, what date did you last receive these benefits? Date _____

Additional Documentation that would verify your claim to be homeless should be attached to this form. **If you cannot provide any documentation, please make an appointment with the Director of Financial Aid.**

- a. Statement from the director of emergency or homeless shelter or transitional housing.
- b. Statement from a state coordinator of homeless education or the public school system.
- c. Statement from an unrelated (not a relative) third party who can verify your claim to be homeless. **Who qualifies as an unrelated third party?**
 - A high school or local school district homeless liaison,
 - A high school principal, guidance counselor, teacher, coach, school nurse, etc.,
 - A medical professional, psychologist, psychiatrist, nurse, etc.,
 - A therapist, social services case worker, pastor, etc.,
 - The director of an emergency shelter program funded by the U.S. Department of Housing or Urban Development or
 - The director of a runaway or homeless youth center or transitional living program.

By signing this appeal form, I certify that all the information provided is complete and correct.

Student Signature: _____ Date: _____