Governors State UNIVERSITY

*Office of Financial Aid*
University Park, IL 60484
708.534.4480
Fax: 708.534.1172
www.govst.edu/finaid

# 2026-2027 HOMELESSNESS VERIFICATION FORM

## STUDENT INFORMATION

Please complete this verification form and provide copies of all requested paperwork to Governors State University.
**Incomplete paperwork will not be accepted, thereby delaying the processing of your financial aid award.**

Student Name: _____ GovState ID#: _____ Last 4 digits of SS#: _____
Please Print Last First

Permanent Home Address: _____
City State Zip Code

Student's Date of Birth: _____Home Phone #: _____Cell #: _____

Email Address: _____@govst.edu

## HOMELESSNESS VERIFICATION

On your FAFSA you indicated that at some time on or after July 1, 2025, one of the following applies:

- ☐ Your high school or school district homeless liaison determined that you were an unaccompanied youth who was homeless.
- ☐ The director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development (HUD) determined that you were an unaccompanied youth who was homeless.
- ☐ 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.

Instructions:
Submit a letter on official letterhead from one of the following designated officials documenting your homelessness to the Office of Financial Aid & Scholarships:

a. A high school or school district homeless liaison
b. A director or designee of a HUD-funded shelter or transitional housing program
c. A director or designee of a runaway or homeless youth basic center or transitional living program.
d. HELP Agency
e. Social Services Case Worker

## CERTIFICATION STATEMENT

I certify that all information reported on this document is true, complete, and accurate. I understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

_____
Student's Signature Date

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

*CRI CODE: FAC26HOM*