

This cover page includes instructions about where and how to turn in your form. If you are submitting a form that contains personally identifiable information (i.e. name, student ID number, date of birth), we encourage you to **submit the completed form online, by mail, or in person.**

ONLINE TO:

z.umn.edu/FA-upload

BY MAIL TO:

UMD Office of Financial Aid & Scholarships
1049 University Drive
Duluth MN 55812-3011

IN PERSON ON CAMPUS TO:

One Stop Student Services
23 Solon Campus Center

If you choose to submit the completed form by email, for your security we prefer to receive this form via your **UMD email address (xxxxxxx@d.umn.edu).**

To learn more about what might be personally identifiable information, visit studentprivacy.ed.gov.

No need to print this cover page.

HOMELESS DETERMINATION

Directions

This form is used when additional documentation is required to support responses provided on the Free Application for Federal Student Aid (FAFSA).

RETURN FORM:

ONLINE TO: z.umn.edu/FA-upload

BY MAIL TO:

UMD Office of Financial Aid and Scholarships
1049 University Drive
Duluth MN 55812

IN PERSON ON CAMPUS TO:

One Stop Student Services
23 Solon Campus Center

QUESTIONS?

Phone: 218-726-8000
TTY (hearing impaired): 800-627-3529
Email: umdhelp@d.umn.edu

Complete this form in Adobe Reader software, not a Web browser, to ensure the privacy of your information. Place the cursor in a field and type. Print a copy to add the required signature(s) in blue or black ink.

Student information		
Last name	First name	Middle
Student ID number	U of M e-mail @d.umn.edu	
Unaccompanied homeless youth information		
I confirm that this student is (check one below):		
<input type="checkbox"/> an unaccompanied homeless youth on or after July 1, 2023 This means that the above named student was living in a homeless situation and was not in the physical custody of a parent or guardian.		
<input type="checkbox"/> an unaccompanied, self-supporting youth at risk of homelessness on or after July 1, 2023 This means that the above named student was not in the physical custody of a parent or guardian, provided for their own living expenses, and was at risk of losing their housing.		
I am providing a letter of determination from (required):		
<input type="checkbox"/> The Director or designee of an emergency or transitional shelter, street outreach program, homeless youth drop-in center, or other program serving those experiencing homelessness		
<input type="checkbox"/> My high school or school district homeless liaison or designee		
<input type="checkbox"/> The Director or designee of a project supported by a federal TRIO or GEAR UP program grant		
<input type="checkbox"/> I do not have a liaison or designee who is familiar with my situation but I believe I am an unaccompanied youth who is homeless. If you do not have a liaison or designee, please contact On Stop Student Services and request an appointment with the Unusual Circumstances Appeal counselor.		
Certification		
Student signature (<i>typed signatures will NOT be accepted</i>)		Date



To request copies of this form in an alternative format: 218-726-8000. UMD is an equal opportunity employer and educator.