

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	
Liaison/Designee use only		
<p>I confirm that this student is (check one below):</p> <p><input type="checkbox"/> an unaccompanied homeless youth on or after July 1, 2022. 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.</p> <p><input type="checkbox"/> an unaccompanied, self-supporting youth at risk of homelessness on or after July 1, 2022. 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.</p> <p>I am providing a letter of determination as a (check one below):</p> <p><input type="checkbox"/> McKinney-Vento School District Liaison.</p> <p><input type="checkbox"/> director or designee of a HUD-funded shelter.</p> <p><input type="checkbox"/> director or designee of a RHYA-funded shelter.</p> <p><input type="checkbox"/> director or designee of a runaway or homeless youth basic center or transitional living program.</p>		
As per the College Cost Reduction and Access Act (Public Law 110-84), I am authorized to verify this student's living situation.		
Liaison/Designee name (last, first, middle initial)		Date
Email		Phone number
Comments		
Liaison/Designee signature		



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