



ONU ID # or SSN _____ Date of Birth _____ Phone _____

Student Name _____
Last First M.I.

You indicated on your Free Application for Federal Student Aid (FAFSA) that you were an unaccompanied youth that was homeless, or were self-supporting and at risk of being homeless, at any time on or after July 1, 2026.

- **“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 21 years of age or younger or you were still enrolled in high school as of the day you signed your FAFSA.

Please complete the following steps and submit to the Office of Student Financial Services.

1. HOMELESS DETERMINATION

Please review the following questions and indicate at least one source that has determined you as homeless or self-supporting and at the risk of being homeless:

- At any time on or after July 1, 2026, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless? **Yes** ☐ **No** ☐
- At any time on or after July 1, 2026, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless? **Yes** ☐ **No** ☐
- At any time on or after July 1, 2026, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless? **Yes** ☐ **No** ☐

2. SUPPORTING DOCUMENTATION

Please provide a copy of your determination from the source indicated above, as well as any other documentation, and attach to this form.

If you do not have a determination but you believe you are an unaccompanied youth who is homeless or an unaccompanied youth providing your own living expenses who is at risk of being homeless, contact your high school counselor, your school district McKinney-Vento homeless liaison, the Olivet Nazarene University Office of Student Financial Services, or the National Center for Homeless Education at 1-800-308-2145 for assistance. More information is available at www.naehcy.org/dl/uy_higher_ed.doc.

I certify that ALL of the information on this form is complete and correct:

Student Signature (Required) _____ Date _____
(Typed signatures will NOT be accepted.)

WARNING: If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both. If we have reason to believe that the information on this form is not accurate, we may require additional documentation.