



You indicated on the 2024-2025 FAFSA form that you are a homeless youth or are at risk of being homeless. You answered “yes” to at least one of the three questions below on the FAFSA.

Please complete your portion of the form and have the appropriate professional fill out their section of the form confirming your response to the FAFSA question. Both you and the appropriate professional need to sign the bottom of the last page and return to the Financial Aid Office.

Step 1: Student Information

_____	_____	_____	_____
Last Name	First Name	M.I.	GOCC Student ID# (Required)
_____			_____
Street Address (include apt. no.)			Date of Birth
_____	_____	_____	_____
City	State	Zip Code	Personal Email address

Primary Phone Number (include area code)			

Step 2: To Be Completed by Professional as Designated Below

For FAFSA purposes, “Homeless” means lacking fixed, regular, and adequate housing, which includes living in shelters, motels, cars, or temporarily living with other people because the student had nowhere else to go. “Unaccompanied” means the student is not in the physical custody of their parent or guardian. “Youth” means the student is 21 years of age or younger or is still enrolled in high school as of the day the FAFSA was signed and submitted.

1. If you can answer “Yes” to this statement, “At any time on or after July 1, 2023, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless?”

Please have your McKinney-Vento high school or School District Liaison complete the following section:

Name of High School: _____

Name of Person Completing Form: _____

Title of Person Completing Form: _____

Contact number if any questions: _____

2. If you can answer “Yes” to this statement, “At any time on or after July 1, 2023, 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?”

Please have the director of such program fill out the following section:

Name of Emergency Shelter or HUD program: _____

Name of Person Completing Form: _____

Title of Person Completing Form: _____

Contact number if any questions: _____

3. If you can answer “Yes” to this statement, “At any time on or after July 1, 2023, 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?”

Please have the director of such program fill out the following section:

Name of runaway or homeless basic center: _____

Name of Person Completing Form: _____

Title of Person Completing Form: _____

Contact number if any questions: _____

STEP 3: CERTIFICATIONS AND SIGNATURES

By signing this form, you are confirming that this student (listed above) is in fact an unaccompanied, homeless youth.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student Signature (Required)

Date

Professional Signature (Required)

Date

Submit this worksheet and required documentation to the Financial Aid Office via:

Mail: Glen Oaks Community College, Attn: Financial Aid Office, 62249 Shimmel Rd. Centreville, MI. 49032

Email: Scan to financialaid@glenoaks.edu

Upload to MyGOCC Student Portal: Login, select the Financial Aid Tile and select Required Documents