Petition for Homeless Status
Academic Year 2016-2017

Name: (Please print) ___________________________________________ Student ID: M __________________________

Email Address: ______________________________________________ Phone: (______) ______________________

By submitting this form, you are requesting Independent status based on being at-risk of homelessness and can provide the supporting documentation required to be verified.

Do you qualify as unaccompanied, homeless or at-risk? Please select which category you are requesting be reviewed below:

- _____ Category 1: Physically homeless with no fixed, regular or adequate living condition. Can include unsheltered, sheltered, or exiting an institution.
- _____ Category 2: Individuals who will imminently lose primary residence with no subsequent residence, resources or support networks
- _____ Category 3: Individuals fleeing or attempting to flee domestic violence or unsafe living conditions with no subsequent residence, resources or support networks
- _____ Category 4: Individuals verified by their high school as Unaccompanied before high school graduation

Required Documentation
☐ This form (fully completed)
☐ A typed and signed, detailed letter from you explaining your situation
☐ Documentation requested based on category (see below)

Documentation required, by category:
- Category 1: Physically Homeless
  o Unsheltered (e.g. car, park, abandoned building, camp ground, etc.)
    Certification/Verification from local law enforcement, medical services agencies, outreach service workers, or other third party
  o Sheltered (e.g. emergency/congregate shelters, hotel vouchers, transitional housing)
    Certification/Verification from shelter staff, case workers, or other third party
  o Exiting an Institution (e.g. leaving jail or hospital setting)
    Certification/Verification from institution or other third party of length of stay (must be at minimum 90 days) and previous homeless status prior to entry
- Category 2: Imminent Risk of Homelessness
  o Verification of recent or impending eviction- court order, legal quit or cure notice, eviction notice, or other third party.
- Category 3: Fleeing/Attempting to Flee Violence or Unsafe
  o Verification by third-party, depending on availability
- Category 4: Unaccompanied as determined by school
  o Certification letter from high school staff or county liaison

Submit the completed form:
In Person: MT One Stop located in the Student Services and Admissions Center (SSAC) – Room 210
By Mail: MTSU, MT One Stop, SSAC Room 260, 1301 East Main Street, Murfreesboro, TN 37132
By Fax: (615) 904-8423
Please Note: All letters provided to verify a student’s extreme circumstance should be typed on letterhead, and signed by the person responsible for the content of the letter. Signed letters should generally be from professionals (such as a doctor, minister, or counselor) who are not related to you, unless otherwise specifically stated.

Please initial to indicate your understanding of the following statements:

_____ I understand that additional information may be required after initial documentation is submitted. A full review of my file cannot be completed until I submit all required information and documentation.

_____ I understand that I must inform my MT One Stop Enrollment Coordinator if my circumstances change for the current year.

_____ I understand that my FAFSA data may be verified as part of this process.

_____ I understand that the review process may take 1-2 weeks after I submit all required paperwork.

_____ I understand I may be required to repay all financial aid received as a result of this process if I falsify information.

_____ I certify that all information submitted for this petition is true and accurate. I understand that if any information submitted for my petition is false or misleading, I may be fined $20,000, sent to prison, or both.

Student Signature __________________________________________ Date __________________________

For Office Use Only: Please do not write below this line.

Documentation provided by/for student:

Notes from verification staff:

As the Next Step Coordinator who works with Foster Care and Homeless students at MTSU, I certify the following for the award year listed:

_____ This student is currently homeless or at-risk of homelessness. This request has been approved.

_____ This student is not currently homeless or at-risk of homelessness. This request has been denied.

Becca Seul, Next Step Coordinator __________________________________ Date _________________