



(FINAID - HOMELES)

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

Petition for Homeless Status

Academic Year 2021-2022

Name: (Please print) _____ Student ID: M _____

Email Address: _____ Phone: (____) _____

- ❖ By submitting this form, you are requesting independent status based on being homeless or 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 one category that best describes your situation:

- Category 1: Physically Homeless - No fixed, regular or adequate living condition. Can include unsheltered, sheltered, or exiting an institution (ex. leaving jail or hospital setting).
- Category 2: At-Risk of Homelessness - Will soon lose primary residence with no alternative residence, resources, or support networks.
- Category 3: Leaving or Attempting to Leave an Unsafe Living Condition - Individuals leaving or attempting to leave domestic violence or unsafe living conditions with no alternative residence, resources, or support network.
- Category 4: High School Verified - Individuals verified by their high schools as unaccompanied or homeless **before** high school graduation.

Required Documentation

- Full completion of **this** form
- A typed, signed, and detailed personal statement explaining your situation
- Documentation requested based on category (see below)

Documentation **required** by category:

- Category 1: Physically Homeless
 - 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
 - Sheltered (e.g. emergency/congregate shelters, hotel vouchers, transitional housing)
Certification/Verification from shelter staff, case workers, or other third party
 - 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: Risk of Homelessness
 - Verification of recent or impending eviction- court order, legal quit or cure notice, eviction notice, or other third party.
- Category 3: Leaving/Attempting to Leave Violence or Unsafe Living Condition
 - Verification by third-party, depending on availability
- Category 4: Unaccompanied as determined by school
 - Certification letter from high school staff or county liaison

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 MT One Stop 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.

Authorized Signature

Date