



**2023-2024  
Verification of Homelessness  
Appeal Form**

|  |
|--|
| <b>Mount St. Mary's University</b><br>16300 Old Emmitsburg Road<br>Emmitsburg, MD 21727<br>301-447-5207<br>301-447-5915 (FAX)<br>finaid@msmary.edu |
|--|

Federal regulations for the FAFSA define the criteria that you must meet in order to be considered an independent student. Per Higher Education Act of 1965, as amended (HEA), the definition of an independent student includes youth who are 1) unaccompanied and homeless, or 2) unaccompanied, self-supporting, and at-risk of homelessness. The HEA uses the McKinney-Vento Act's definition of homelessness, which includes youth who lack a fixed, regular, and adequate nighttime residence: and unaccompanied, which includes youth not in the physical custody of a parent or guardian. The HEA also uses at-risk of homelessness to refer to students whose housing may cease to be fixed, regular, and adequate.

Please complete this form if you are or have experienced homelessness or are at risk of homelessness on or after July 1, 2022

Student name: \_\_\_\_\_ ID:# 

|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|

Current street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student cell phone number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

Student other phone number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

**I. 2023-2024 FAFSA (Free Application for Federal Student Aid)** Please indicate your FAFSA filing status (check one):

I **have filed** my 2023-2024 FAFSA and listed Mount St. Mary's University

I **have not filed - but I will file** my 2023-2024 FAFSA and will list Mount St. Mary's University (002086). *Mount St. Mary's University can not process this form without a FAFSA.*

**II. FAFSA Unaccompanied Homeless Youth Student Status questions:**

At any time on or after July 1, 2022:

|   |                                     |                                    |
|---|-------------------------------------|------------------------------------|
| Did your high school <i>Homeless Liaison</i> determine that you were an unaccompanied homeless youth?   | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |
| Did the director of an emergency shelter or transitional housing program funded by the <i>U.S. Department of Housing &amp; Urban Development</i> determine that you were an unaccompanied youth who was homeless? | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |
| 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 self-supporting and at risk of being homeless?     | <input type="checkbox"/> <b>Yes</b> | <input type="checkbox"/> <b>No</b> |

If you checked yes to one of the questions listed above, please provide documentation from one of the following documenting your status after July 1, 2022:

- McKinney-Vento School District Liaison
- Director, or designee of a HUD-funded shelter
- Director, or designee of a RHYA-funded shelter

If you checked **no** to all of the questions above, but still think that you may qualify for homeless youth status, please send an email to [finaid@msmary.edu](mailto:finaid@msmary.edu) with the subject line "Homeless Youth Status Request" and provide a 1-2 paragraph explanation about why you believe you are eligible for this status and attach any documentation that you have. You can also call the financial aid office at 301-447-5207 to schedule an appointment.

**III. Certification Statement**

- I certify that the information I provided on this form, and all accompanying documentation, is true to the best of my knowledge.
- I understand that the Office of Financial Aid reserves the right to contact third-party professionals who provided supporting documentation.
- I agree to submit additional documentation should the Office of Financial Aid make such a request.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

| For Office Use Only  |  |  |             |
|--|--|--|-------------|
| <input type="checkbox"/> PJDEPO<br><input type="checkbox"/> PJDEPD | Submit to Review<br>Initials: _____<br>Date: _____ | Complete<br>Initials: _____<br>Date: _____ | Date Stamp: |