Rec'd by: _	
Date:	



FAO Action:_	
By:	
Date:	

Phone: 1-800-891-4596

Fax: (662) 915-1164

Professional Judgment Review Committee Office of Financial Aid 257 Martindale Center P.O. Box 1848 University, MS 38677-1848

Homeless/Risk of Being Homeless Worksheet 2020-21

Students twenty-three (23) years old or younger should submit this form if they received a determination at any time on or after July 1, 2019 that they were an unaccompanied youth who was homeless or at risk of being homeless. "Homeless" means lacking fixed, regular and adequate housing (e.g., living in shelters, parks, motels, hotels, public spaces, camping grounds, cars, abandoned buildings, or temporarily living with others because you have nowhere else to go). If you are living in any of these situations and fleeing an abusive parent, you may be considered homeless even if your parent would otherwise provide you a place to live. "Unaccompanied" means you are not living in the physical company of parent or guardian.

be considered homeless even if means you are not living in the p	•	provide you a place to live. "Unaccompanied" uardian.
To be completed by student (pl	ease print):	
STUDENT LAST NAME	STUDENT FIRST NAME	OLE MISS STUDENT NUMBER
Admission status (please check	one): entering freshman	continuing UM studentnew transfer
Homelessness status by providing	g written documentation that ve	nust establish your Homeless/Risk of erifies one of the conditions indicated below (if e conditions, please contact the Office of
that you were an unacco being homeless, OR 2. Any time on or after Jul program funded by the were an unaccompanied homeless, OR 3. Any time on or after Jul transitional living progr	y 1, 2019, the director of an e U.S. Department of Housing a youth who was homeless or v y 1, 2019, the director of a ru	r school district homeless liaison determined neless or were self-supporting and at risk of emergency shelter or transitional housing and Urban Development determine that you were self-supporting and at risk of being naway or homeless youth basic center or an unaccompanied youth who was homeless.
By signing below, I certify that the information or documentation if required	•	orrect. I also agree to provide additional
Student Signature:		Date:

FOR OFFICE USE ONLY
FAFSA corrections submitted on Transaction # _____ EFC____ Date: ___/___/ ___ Initials:____

_ EFC_

FAFSA corrections confirmed on Transaction # __