



Please complete in blue or black ink if possible. Typed signatures will not be accepted.

Student Financial Services

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SPU.EDU/SFS

## 2025 - 2026 HOMELESSNESS STATUS VERIFICATION FORM

STUDENT NAME: \_\_\_\_\_ SPU ID: \_\_\_\_\_

At any time on or after July 1, 2024, were you considered unaccompanied and (1) homeless OR (2) self-supporting and at risk of being homeless.

- Yes (If you answered "Yes", complete next section)  
 No

### Determination

If you answered "Yes" above, did any of the following determine (or document) you as homeless or at risk of becoming homeless? *Select all that apply.*

1. A director of an emergency shelter, transitional shelter, street outreach program, homeless youth drop-in center or other programs serving those experiencing homelessness.

- Yes (If you answered "Yes", Attach documentation.)  
 No

2. Your high school or school district homeless liaison.

- Yes (If you answered "Yes", Attach documentation.)  
 No

3. A Director of a project supported by TRIO or GEAR grants.

- Yes (If you answered "Yes", Attach documentation.)  
 No

4. A College Financial Aid Administrator

- Yes (If you answered "Yes", Attach documentation.)  
 No

5. None of the above.

- If none of the above, **Attach alternate documentation for request.**

**By signing this, I attest that all information reported on this form and in attached statements is true and complete to the best of my knowledge.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email