

Office of Financial Aid University Park, IL 60484 708.534.4480 Fax: 708.534.1172 www.govst.edu/finaid

2020-2021 HOMELESSNESS VERIFICATION FORM

STUDENT INFOR	MATION					
Please complete this	verification form	and provide copies of	fall requested pap	erwork to Gover	nors State University.	
Incomplete paperv	vork will not be a	ccepted, thereby de	laying the proce	ssing of your fin	ancial aid award.	
Student Name:			GSU ID #_		Last 4 digits of SS#:	
(Please Print)		First				
Permanent Home Ac	ldress:					
	City		S	tate 7	Zip Code	
Student's Date of Bir	th:	Home Phon	ie #:		Cell #:	
Email Address:		@student.govst.eo	du			
HOMELESSNESS V		ome time on or after J	uly 1, 2019, one o	f the following a	oplies:	
homeless. ☐ The director of a Urban Developn ☐ The director of a	an emergency shel nent (HUD) detern a runaway or homo	ter or transitional ho nined that you were a	using program fun n unaccompanied er or transitional	nded by the U.S. I I youth who was living program d	letermined that you were an	
of Financial Aid: a. A high school or b. A director or de	school district hos signee of a HUD-fu signee of a runawa		itional housing pr	ogram	g your homelessness to the Off	ice
	mation reported o	on this document is tr denial, reduction, wit			rstand that any false statemen incial aid.	ts
 Student's Signature		 Date			ou purposely givefalse or ormation on this worksheet, you]

CRI CODE: FAC20HOM

may be fined, be sentenced to jail, or both.