

2023-2024 Homeless Affirmation Form

Return this form to:
Mail: HCC Financial Aid
606 West Main
Highland KS, 66035

Email: financialaid@highlandcc.edu

Fax: 785-442-6106

Phone: 785-442-6000 ext. 2002

Use this form along with the I	ndependent Status Confirmation Form if	f the student is under 24 years	s old and claiming homelessness.
Last Name	First Name	MI	Student ID
Date of Birth	Telephone Number	E-Mail Address	S
•	FSA, you indicated you are an una ness. Please read the following d		• • • • •
	ncial aid purposes, means lacking fix ampgrounds, parks, cars, or living w o.		
 Unaccompanied m 	neans that you are not living in the p	hysical custody of your par	ent or guardian.
 Self-supporting m 	eans you pay for your own living exp	enses including fixed, regu	lar, and adequate housing.
•	ter July 1, 2022, did your high schanied youth who was homeless o		meless liaison determine that you ss?
•	es, submit appropriate document o, go to the next question.	ation as described below	J.
	ter July 1, 2022, did the director of sing and Urban Development detoof being homeless?		
Yes. If ye	es, submit appropriate document	ation as described below	<i>I</i> .
No. If no	o, go to the next question.		
	mine that you were an unaccon		s youth basic center or transitional homeless or were self-supporting
Yes. If ye	es, submit appropriate document	ation as described below	<i>I</i> .
No. If no	o, see the explanation below for i	next steps.	
means you must includ	situations describe your circums de parent information, income, an ovide parent information, contac	nd signature on your FAF	SA.
options.	ovide parent information, contac	t our Financial Ald Office	regarding your infancial aid
designated by the Mchameless youth drop-i	cation of your status from a local Kinney-Vento Homeless Asisstand	ce Act, a director of an e	mergency or transitional shelter or UP program, or by a financial aid
Student Signature			Date

Signature must be handwritten; digital signatures not accepted.