Florida Agricultural and Mechanical University
TALLAHASSEE, FLORIDA 32307-3100
Excellence With Caring

DIVISION OF STUDENT AFFAIRS
OFFICE OF FINANCIAL AID
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2026-2027 Student Homeless Verification Form

Full Name (First, MI, Last): _____
Date of Birth: _____ FAMU ID: _____

Student Homelessness

At any time on or after July 1, 2026, was the student unaccompanied and either (1) homeless or (2) self-supporting and at risk of being homeless?

☐ Yes ☐ No

If the answer is "Yes," did any of the following determine the student was homeless or at risk of becoming homeless?

Select all that apply:

☐ Director or designee of an emergency or transitional shelter, street outreach program, homeless youth drop-in center, or other program serving that experiencing homelessness.

☐ The student's high school or school district homeless liaison or designee.

☐ Director or designee of a project supported by a federal TRIO or GEAR UP program grant.

☐ Financial Aid Administrator (FAA).

☐ None of these apply.

Certification and Signature

I certify that the submitted information is true and correct to the best of my knowledge. I understand that supporting documentation may be requested by the Office of Financial Aid. I understand that if I do not provide documentation when requested, my financial aid eligibility may be delayed or impacted.

Student Signature (No Electronic Signatures): _____Date: _____