Petition for Homeless Status
Academic Year 2020-2021

Name: (Please print) ___________________________________ Student ID: M ___________________________

Email Address: _____________________________________ Phone: (_____) ___________________________

By submitting this form, you are requesting independent status based on being homeless or at-risk of homelessness and can provide the supporting documentation required to be verified.

Do you qualify as unaccompanied, homeless or at-risk? Please select one category that best describes your situation:

- Category 1: Physically Homeless - No fixed, regular or adequate living condition. Can include unsheltered, sheltered, or exiting an institution (ex. leaving jail or hospital setting).
- Category 2: At-Risk of Homelessness - Will soon lose primary residence with no alternative residence, resources, or support networks.
- Category 3: Leaving or Attempting to Leave an Unsafe Living Condition - Individuals leaving or attempting to leave domestic violence or unsafe living conditions with no alternative residence, resources, or support network.
- Category 4: High School Verified - Individuals verified by their high schools as unaccompanied or homeless before high school graduation.

Required Documentation

☐ Full completion of this form
☐ A typed, signed, and detailed personal statement explaining your situation
☐ Documentation requested based on category (see below)

Documentation required by category:

- **Category 1: Physically Homeless**
  - Unsheltered (e.g. car, park, abandoned building, camp ground, etc.)
    - Certification/Verification from local law enforcement, medical services agencies, outreach service workers, or other third party
  - Sheltered (e.g. emergency/congregate shelters, hotel vouchers, transitional housing)
    - Certification/Verification from shelter staff, case workers, or other third party
  - Exiting an Institution (e.g. leaving jail or hospital setting)
    - Certification/Verification from institution or other third party of length of stay (must be at minimum 90 days) and previous homeless status prior to entry

- **Category 2: Risk of Homelessness**
  - Verification of recent or impending eviction- court order, legal quit or cure notice, eviction notice, or other third party.

- **Category 3: Leaving/Attempting to Leave Violence or Unsafe Living Condition**
  - Verification by third-party, depending on availability

- **Category 4: Unaccompanied as determined by school**
  - Certification letter from high school staff or county liaison
Please initial to indicate your understanding of the following statements:

_____ I understand that additional information may be required after initial documentation is submitted.

   A full review of my file cannot be completed until I submit all required information and documentation.

_____ I understand that I must inform MT One Stop if my circumstances change for the current year.

_____ I understand that my FAFSA data may be verified as part of this process.

_____ I understand that the review process may take 1-2 weeks after I submit all required paperwork.

_____ I understand I may be required to repay all financial aid received as a result of this process if I falsify information.

_____ I certify that all information submitted for this petition is true and accurate. I understand that if any information submitted for my petition is false or misleading, I may be fined $20,000, sent to prison, or both.

__________________________________________________________________________  ____________
Student Signature                            Date

For Office Use Only: Please do not write below this line.

Documentation provided by/for student:


Notes from verification staff:

As the Next Step Coordinator who works with Foster Care and Homeless students at MTSU, I certify the following for the award year listed:

______ This student is currently homeless or at-risk of homelessness. This request has been approved.

______ This student is not currently homeless or at-risk of homelessness. This request has been denied.

__________________________________________________________________________  ____________
Authorized Signature                            Date