

Cardinal Central (208) 769-3311 phone (208) 769-3399 fax CardinalCentral@nic.edu

2024-2025 Homeless Verification Form

On the Free Application for Federal Student Aid (FAFSA) you indicated that you were homeless or were self-supporting and at risk of being homeless any time on or after July 1, 2023. Please provide the following information.

Student ID Number or Social Security Number:				
Name:	(Last)	(First)	(Middle)	
	(Last)	(PHSt)	(Middle)	
Please o	check which statement best repres	sents your situation:		
	Your high school or school district homeless liaison determined that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless.			
	The director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determined that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless.			
	The director of a runaway or homeless youth basic center or transitional living program determined that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless.			
	☐ Other, please explain your situation:			
and/or	ancial Aid Office will review your letters of support. If it is determin ting and at risk of being homeless it it.	ned that you are not conside	red homeless or self-	
STUDE	NT SIGNATURE:		DATE:	

UNDERSTAND THAT IF I PURPOSEFULLY GIVE FALSE INFORMATION ON THIS WORKSHEET, I MAY BE FINED, BE SENT TO JAIL, OR BOTH. NORTH IDAHO COLLEGE RESERVES THE RIGHT TO QUESTION THE VALIDITY OF THIS INFORMATION.

BY SIGNING THIS WORKSHEET, I CERTIFY THAT ALL INFORMATION REPORTED TO QUALIFY FOR FEDERAL STUDENT AID IS COMPLETE AND CORRECT. THE SIGNATURE LISTED ABOVE IS THAT OF THE ORIGINAL PERSON. I

Revised 4/19/24 FC23HD