## Passport to Careers Student Housing Questionnaire



Applicant Information	n		
Name			
SSN			
Date of Birth MM/DD/YYYY Mailing Address Street			
City, State, Zip			
Phone Number Include area code Email Address Required			
College(s) Attending			
Class Standing	Freshman Sop	phomore	
	less youth is an individ	dual under age 21 who is not in the physical custody , and adequate nighttime residence.	of their
	accompanied homeless	istance as an unaccompanied homeless youth after J syouth within the prior one-year period must be veri	. , ,
I live with a parent or guardian:		Yes No	
Living Situation (check <u>all</u> that apply):		Hotel or motel	
		Shelter or other temporary housing program	
		Couch surfing	
		Car, park, campsite or sleeping on the street	
		Transitional housing	
		Doubled up with another family due to hardship	
		In a residence with inadequate facilities (no heat electricity)	, water or
		Other	
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Supplemental Documentation — select one
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Attaching documentation verifying unaccompanied homelessness
By checking this box, you declare that you are able to provide verification of your status as an unaccompanied homeless youth from an authorized official such as a McKinney-Vento liaison, social worker, shelter manager, case manager, or church official. Please attach your documentation to this application.
Unable to obtain documentation verifying unaccompanied homelessness
By checking this box, you declare you are unable to provide independent verification of your status as an unaccompanied homeless youth. In place of the verification, please attach a letter explaining your situation qualifying you as an unaccompanied homeless youth and explaining why you are unable to get documentation from an authorized official. Attach any information you may have in support of your statements. If you have chosen to leave your parents' home, you will need to demonstrate that you were at risk of harm if you continued living with your parents.
Notice of Verification
WSAC reserves the right to verify information provided by you on this application through the collection of additional documentation and personal interviews.
Student Consent
I grant permission to discuss my eligibility for the Passport to Careers program with the financial aid office and support staff at the college I attend. I also authorize the sharing and verification of the information provided in this application with appropriate officials, such as my McKinney-Vento liaison, social worker, shelter manager, case manager, church official, or any other person(s) in an official capacity.
By signing below, I certify that all the information provided on this worksheet and the attached documentation is complete and correct. I understand if I intentionally provide false or misleading information, I may be legally responsible and could be required to repay any state financial aid I receive.
Student Signature Date
Passport to Careers Program PO Box 43430 Olympia, WA 98504-3430 Passport@wsac.wa.gov

1-888-535-0747