



FINANCIAL AID SERVICES

Sandel Hall 115 | 700 University Avenue, Monroe, LA 71209

Phone: (318) 342-5320

Email: finaid@ulm.edu | URL: <http://finaid.ulm.edu>

2025-2026 Petition for Homeless Status

Student Information:

Last Name: _____ First Name: _____ CWID: _____

Email: _____@warhawks.ulm.edu DOB: _____ Phone #: (____) _____

You have indicated on FAFSA that you are an unaccompanied homeless youth, or at-risk of homelessness. In order for the financial aid office to review your information, you will need to provide the documentation that best represents your circumstances, as indicated below.

Required Documentation

- ☐ This form (*fully* completed)
- ☐ A typed and signed, detailed letter from you explaining your situation
- ☐ Documentation requested based on category (see below)

Please select which category you are requesting to be reviewed below. Note: All letters provided to verify a student's extenuating circumstance should be typed on letterhead, and signed by the person responsible for the content of the letter. Signed letters should generally be from professionals (such as a doctor, minister, or counselor) who are not related to you, unless otherwise specifically stated.

- ☐ Category 1: Physically homeless with no fixed, regular or adequate living condition. Can include unsheltered, sheltered, or exiting an institution. Documentation required may include:
 - 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: Individuals who will imminently lose primary residence with no subsequent residence, resources or support networks. Documentation required may include:
 - Verification of recent or impending eviction- court order, legal quit or cure notice, eviction notice, or other third party.
- ☐ Category 3: Individuals fleeing or attempting to flee domestic violence or unsafe living conditions with no subsequent residence, resources or support networks. Documentation may include verification by a third party, depending on availability.
- ☐ Category 4: Individuals verified by their high school as Unaccompanied before high school graduation (**for academic year ending May 2025 only**). Documentation may include a certification letter from a high school staff or county liaison. If your documentation is prior to the academic year **ending May 2025**, please contact your financial aid counselor for further information. **This option is for the first year after graduation only.**

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 my ULM Financial Aid Counselor 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.

Certification and Signature:

By signing this worksheet, I certify that all of the information provided on this form and the FAFSA is true and complete to the best of my knowledge. **WARNING: If you purposely give false and/or misleading information on this form or FAFSA, you may be fined, sent to prison, or both.** All signatures must be handwritten. Electronic signatures cannot be accepted.

Student signature (no e-signature)

Student Printed Name

Date

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

Documentation provided by/for student:

Notes from counselor:

I have reviewed the information provided by the student based on the Department of Education guidelines.
I certify that:

☐ 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.

Financial Aid Counselor

Date