



**I was not determined to be an unaccompanied youth who was homeless by any of the organizations above, but I am homeless or at risk of homelessness.**

Attached are two signed and dated letters. Two letters from professionals (homeless shelter provider, high school counselor, health professional, social worker, doctor, clergy member, etc.) on letterhead and the third from myself, all detailing my situation.

**I am requesting that I be determined homeless based on a documented interview with a financial aid professional.**

**I made an error on my FAFSA. I am not homeless or at risk of being homeless.**

You and one parent MUST correct the information on your FAFSA at [www.studentaid.gov](http://www.studentaid.gov)

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|--|--|
| <input type="checkbox"/> You have children or other people (excluding your spouse) who live with you and receive more than half of their support from you between July 1, 2025, and June 30, 2026. | <input type="checkbox"/> You are or were in legal guardianship with someone other than their parent or stepparent, as determined by a court in your state of residence |
| <input type="checkbox"/> You were an orphan (no living biological or adoptive parent) any time since the age of 13.  | <input type="checkbox"/> You are or were a legally emancipated minor, as determined by a court in your state of residence  |
| <input type="checkbox"/> You were in foster care any time since the age of 13  | <input type="checkbox"/> You were an orphan (no living biological or adoptive parent) since the age of 13  |
| <input type="checkbox"/> You were a ward of the court any time since the age of 13   |  |

### Required Documents

Documentation is required to support your appeal and must be submitted with this form.

### Certification and Signature

I certify the information provided on this form and any attached statements or documents are true, complete, and accurate. I understand that purposefully providing false information could result in a reduction or repayment of aid, and/or denial of future appeals. If I cannot provide the appropriate required documentation to support an independent status, I understand that I will be evaluated as a “dependent” student and required to provide parental income and asset information when completing the Free Application for Federal Student Aid (FAFSA®) or Alternative Application for Illinois Financial Aid.

Student Name: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Dominican ID Number: \_\_\_\_\_ Date: \_\_\_\_\_

**Please note: Typed signatures are not acceptable and will require that this form be returned to you for an “actual” signature.**

**Please ensure that all documents are labeled with your name and Student ID Number.**

***Please use our secure transfer link to securely upload and submit documentation online.  
<https://securetransfer.dom.edu/filedrop/financialaid>***