2028

Student Other Circumstances

ILLINOIS STATE UNIVERSITY
Illinois' first public university.

2027-2028 Unaccompanied and Homeless Youth Status

The Financial Aid Office has received your Free Application for Federal Student Aid (FAFSA) and has determined additional information is needed before we can determine your financial aid eligibility. Please complete this form and submit a copy to our office for review.

Please review, complete, and return this form to our office using one of the following methods:

- Upload the completed original form at: my.illinoisstate.edu
- FAX to: **(309) 438-3755**
- mail to: **Financial Aid Office, Campus Box 2320, Normal, IL 61790-2320**

If you have questions about completing this form, call the Illinois State University Financial Aid Office at (309) 438-2231 or e-mail financialaid@IllinoisState.edu .

Student Name:_____ISU ID# :_____
Last First MI (University Identification Number)

On your 2027-2028 FAFSA you indicated that you are an unaccompanied and either homeless or self-supporting and at risk of being homeless student. You did not indicate who (person or agency) made that determination for you. For our office to determine if you meet FAFSA's qualifications we need you to provide more information regarding your situation. A Financial Aid Administrator will reach out to you regarding your next steps.

1. Do you have contact with parent(s)? ❑ Yes ❑ No
2. How much financial support do you currently receive from your parents each week? $_____/week
   (lunch money, clothing, entertainment, etc.)
3. Do you have a car that is available for your use? ❑ Yes ❑ No

   If yes, who pays for your gas and car insurance? _____
4. Who pays for your cell phone bill? _____
5. Who do you currently live with and what is their relationship to you? *Name:* _____

   Relationship: _____
6. What is your current address? _____
7. Who pays for your health insurance? _____
8. Are you currently working? ❑ Yes ❑ No

   If yes, please provide where you are working and approximately how much you make per month.

Place of Employment: _____ *Average Monthly Income:* $_____

I certify that ALL information on this form is complete and correct I understand that failure to provide complete and accurate information may impact my eligibility for financial aid and may have other legal consequences. A signature must be completed in black ink or via a stylus on an electronic device.

_____ _____
Student Physical Signature *Student Preferred Phone Number*

_____ _____
Student Preferred Email Address *Date*