Southwestern Christian College
Homeless or Risk of being Homeless Verification Form

Instruction Sheet

Your FASA has been selected for verification, which means we have to request certain documentations to verify the information that is on your FAFSA. You have indicated that you are homeless or at risk of being homeless. Please complete all required documents listed below and return to the financial aid office as soon as possible. Your eligibility cannot be determined until the verification is completed.

1. Complete the attached Applicant’s Statement and return it to the Financial Aid Office with the items required in numbers two and three below.

2. Have references complete the attached “Reference” forms and return them to the Financial Aid Office. References may be submitted for each of the following persons who can verify your situation. Three references are required:

- Close relative (other than parent) with whom you are presently living
- High School/College Teacher or Professor, Counselor, Principal, or Superintendent
- Tax accountant and/or attorney
- Person(s) with whom you reside
- Director of boys or girls ranches, children’s homes, or similar situations
- Pastor or clergy person
- Other persons not related to you

3. Applicant must submit the following documents

- 2016 Tax Return Transcript for student or a 4506-T (Letter of Non-Filing from IRS-www.irs.gov)
- Free Application for Federal Student Aid (FAFSA) include our school code 003618.
- 2016 Tax Return Transcript for Parent or Letter of Verification for Non-Filing from the IRS.
- Written Statement from Parents of Circumstances
- References (Attached)

***After you have provided these documents, your information will be reviewed.
Southwestern Christian College  
Financial Aid Office  

Reference Form

Name of Applicant ____________________________

Social Security Number __________________________

1. How long have you known the applicant? ______________________________

2. Are you related to the applicant? If so, how? ______________________________

3. With whom does the applicant reside? ______________________________

4. To your knowledge, has anyone claimed the applicant as an income tax exemption for the following years: 2016

   Yes or No  If yes, Who ______________________________

5. Please explain briefly what you know to be the applicant’s relationship with his/her parents. If you need additional space, please use the back of this form.

   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

I certify that all of the information on this form is true and complete to the best of my knowledge. I also understand that I may be contacted if further information is needed.

Name of Reference (please print) __________________________________________

Signature __________________________________________ Date ______________________

Title/Relationship to Applicant __________________________________________

Address City, State, Zip __________________________________________

Telephone Number __________________________ Best Time to be reached __________

Please return completed form to: SWCC Financial Aid Office P.O. Box 10 Terrell, TX 75160
Southwestern Christian College
Financial Aid Office

Reference Form

Name of Applicant _________________________________________

Social Security Number _________________________________________

1. How long have you known the applicant? _________________________

2. Are you related to the applicant? If so, how? _________________________

3. With whom does the applicant reside? _________________________

4. To your knowledge, has anyone claimed the applicant as an income tax exemption for the following years: 2016
   Yes or No If yes, Who _________________________________________

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   _________________________________________
   _________________________________________

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Name of Reference (please print) _________________________________________

Signature __________________________________ Date _________________________

Title/Relationship to Applicant _________________________________________

Address City, State, Zip _________________________________________

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   Yes or No If yes, Who ______________________________________

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I certify that all of the information on this form is true and complete to the best of my knowledge. I also understand that I may be contacted if further information is needed.

Name of Reference (please print) ______________________________________

Signature ______________________________________ Date ________________

Title/Relationship to Applicant ______________________________________

Address City, State, Zip ______________________________________

Telephone Number ______________________________________ Best Time to be reached ________________

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Southwestern Christian College
Financial Aid Office

Student Statement Form

Name of Applicant ________________________________________________________________

Social Security Number __________________________________________________________

1. Please provide the following income and support received January 2016 through December 2016. (Enter an amount for all items. If you have nothing to report enter “zero”.)

<table>
<thead>
<tr>
<th>Gross Amount Received</th>
<th>__________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Source Of Income And Support For The Year</td>
<td>__________________________________________</td>
</tr>
<tr>
<td>Student’s Income from Work</td>
<td>__________________________</td>
</tr>
<tr>
<td>Unemployment Compensation</td>
<td>__________________________</td>
</tr>
<tr>
<td>Workmen’s Compensation</td>
<td>__________________________</td>
</tr>
<tr>
<td>Social Security Benefits</td>
<td>__________________________</td>
</tr>
<tr>
<td>Food Stamps</td>
<td>__________________________</td>
</tr>
<tr>
<td>Housing Assistance</td>
<td>__________________________</td>
</tr>
<tr>
<td>Child Support</td>
<td>__________________________</td>
</tr>
<tr>
<td>Housing, food, &amp; other allowances</td>
<td>__________________________</td>
</tr>
<tr>
<td>Other income (specify)</td>
<td>__________________________</td>
</tr>
</tbody>
</table>

Total $ __________________________________________

2. Will you receive any support from your parents during the school year (food, car insurance, car expenses, health insurance)? Yes__________ No __________
3. Please explain briefly what your circumstances are that have led you to being homeless. Include in this explanation how you have been self-supporting: a.) When did you start meeting your own expenses without parental support; and b.) How have you provided for yourself? If you need additional space, please use the back of this form.
4. Identify the location of both of your parents:

Mother ____________________________________________  Father ____________________________________________

5. Describe the last time you had contact with each of your parents – when, where, and the nature of the contact:

Mother ____________________________________________

Father ____________________________________________

6. If you reside with someone and they provide any form of support for you, please provide information about that person:

Name ____________________________________________

Address City, State Zip ____________________________________________

Relationship ____________________________________________

Type of support ____________________________________________

Length of Residency ____________________________________________

I certify that all of the information on this form is true and correct.

Signature ____________________________________________

Date ____________________________________________

Address City, State Zip ____________________________________________

Telephone ____________________________________________

Please return completed form to:

Southwestern Christian College
Financial Aid Office
P.O. Box 10
Terrell, TX 75160

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