



SAN MATEO COUNTY
COMMUNITY COLLEGE DISTRICT
SMCCCD

2020 – 2021 HOMELESS STUDENT CERTIFICATION FORM

Check Appropriate College

Cañada College
4200 Farm Hill Boulevard
Redwood City, CA 94061

College of San Mateo
1700 West Hillsdale Boulevard
San Mateo, CA 94402

Skyline College
3300 College Drive
San Bruno, CA 94066

“Homeless Youth” means a student under 25 years of age, who has been verified at any time during the 24 months immediately preceding the receipt of his or her application for admissions by a postsecondary educational institution that is a qualifying institution pursuant to Section 69432.7, as a homeless child or youth, as defined in subsection (2) of Section 725 of the federal McKinney-Vento Homeless Assistance Act (42 U.S.C. Sec. 11434a(2)).

Student ID# G: _____ Date of Birth: _____

Last Name _____ First Name _____ Middle _____

Mailing Address: _____

Phone Number: _____ Email: _____

Please answer below questions (All students must complete this section):

1. What was the date you first became homeless? Month _____ Year _____
2. Within the previous 24 months, have you resided in any of the situation below (you may choose more than one):
 - Motel
 - Car
 - Campsite
 - Shelter or other temporary housing program
 - Inadequate housing (housing that is insufficient to meet the physical and psychological needs typically met in a home environment)
 - Temporarily living with others because I have nowhere else to go
 - I do not know where I would live if I could not stay at my current location (this meets the definition of homeless).
3. I am living with another household due to the following reasons (check all of the following reasons that apply):
 - Loss of housing
 - Economic hardship resulting in inability to secure and maintain fixed, regular adequate housing
 - Other (including, for example, when it is not safe for a you to live with a parent or guardian, when a parent or guarding has forced you to leave home, and other situations of abuse and conflict).
4. I am interested in receiving more information about the following services (check all that apply):
 - Help with school tuition
 - Money for school/books
 - Food Assistance
 - Medical and/or Mental Services
 - Academic Support/Tutoring
 - Undocumented Services
 - Other: _____

Note: You may qualify for additional services and resources.

Please respond to questions 5 through 7 if you have been classified as a Non-Resident by Admissions and Records.

5. When did your present stay in California begin? Month _____ Day _____ Year _____
6. Are you a citizen of the United States? Yes No
If NO, complete the citizenship status below:
 - Permanent Resident*
 - Temporary Resident / Amnesty*
 - Refugee / Asylee*
 - DACA*

- Student Visa (F-1 or M-1) _____ *
- Other: _____
- No Documents
- Visa Type*: _____
- *Visa Issued Date: _____
- *Visa Expiration Date: _____

Under 19

7. Are you currently under continuous and direct care and control of any person or persons other than a parent?
 Yes No If yes, Name: _____ Relationship: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 What date did you begin living under such care and control? Month _____ Day _____ Year _____

You may be eligible for independent status for federal financial aid eligibility if either of the following circumstances apply to you. Your Financial Aid Office may request additional information from you in order to determine whether or not parent information is required on your financial aid application (Free Application for Federal Student Aid [FAFSA] or California Dream Act Application [CADAA]).

- 8. Are you under 21 years of age and were you or are you at any time after July 1, 2019 unaccompanied by a parent and homeless or at risk of being homeless?
 Yes No
- 9. Are you 21 years of age or older and not yet 24 or will be 24 prior to January 1, 2019 and are unaccompanied by a parent and homeless or at risk of being homeless?
 Yes No
- 10. Are you self-supporting? (responsible for your own living expenses, including fixed, regular, and adequate housing)
 Yes No
- 11. Is your housing likely to cease to be fixed, regular, and adequate? Are you at-risk of homelessness due to eviction?
 Yes No

Student Signature: _____ **Date:** _____

***** Office Use Only *****

Printed Name and Title of Signing Official: _____

Signature: _____

Date: _____ **Phone Number:** _____

NOTES: _____

SparkPoint: _____

Action Taken _____ **Date:** _____

Admissions and Records Office: _____

Action Taken _____ **Date:** _____

Financial Aid Office: _____

Action Taken _____ **Date:** _____

Approved Denied Processed by: _____ Date: _____