



Financial Aid Office

Contact Us:
P: (972)881-5760
Financialaid@collin.edu

HOMELESS RENEWAL FORM

Student Information

Name: _____

CWID: _____

Our records indicate that you were granted the status of Homeless for the previous financial aid award year. In order to continue to process your financial aid application with the same status as the prior year, you must provide information about your current living situation.

Affirmation Statements

1. Have any of the circumstances that were used to determine your original homeless status changed? YES NO

2. If yes, please describe how they have changed (use additional paper if necessary) _____

Certification & Signature

By signing this application, I certify that all of the information reported on this application is complete and correct. I hereby certify that all information contained in this request to renew my homeless status is true. I swear or affirm that I have not knowingly or intentionally provided any false statements or fraudulent documentation.

Student's Signature

Date