



Displaced Homemaker Questionnaire

Student Name (Please Print) _____ Social Security #: _____

Parent Name (Please Print) _____ Social Security #: _____

<p>In general, A <i>displaced homemaker</i> is generally a person who</p> <p><input type="checkbox"/> previously provided unpaid services to the family (e.g., a stay-at-home mom or dad)</p> <p><input type="checkbox"/> is no longer supported by the husband or wife (Date of separation from spouse _____)</p> <p><input type="checkbox"/> is unemployed or underemployed, AND</p> <p><input type="checkbox"/> is having trouble finding or upgrading employment.</p>	<p><u>For School Use Only:</u></p>
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Please provide a written explanation with all appropriate documentation to substantiate your eligibility to apply for federal student aid funds as a displaced homemaker. **Please note that you must meet all four conditions to apply under these guidelines**

The undersigned certifies that the information provided above is accurate.

Print Student Name Signature Date

Print Parent/Guardian Completing Form Signature Date

(Area Code) Phone number Street Address City State Zip

School Use Only

Approved
 Requested additional information: _____

Print School Contact Title Signature (required) Date

