



# HAYWARD UNIFIED SCHOOL DISTRICT HOUSING QUESTIONNAIRE (MV)

MV CODE

The information provided below will help the Hayward Unified School District determine what services you and/or your child may be eligible to receive. This could include additional educational services through Title I, Part A and/or the federal McKinney-Vento Assistance Act. The information provided on this form will be kept confidential and only shared with appropriate district and school site staff.

Student Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade \_\_\_\_\_ Student # \_\_\_\_\_

### Presently, is the student and/or your family living in any of the following situations?

- Staying in a shelter (family shelter, domestic violence shelter, youth shelter) or Federal Emergency Management Agency (FEMA) trailer **(100)**
- Temporarily living in a motel or hotel due to loss of housing, economic hardship, natural disaster, or similar reason **(110)**
- Sharing housing with other(s) due to loss of housing, economic hardship, natural disaster, lack of adequate housing, or similar reason **(120)**
- Living in a car, RV, park, campground, abandoned building, or other inadequate accommodations (i.e., lack of water, electricity, or heat) **(130)**
- Living in a permanent, stable residence **(do not complete this form; provide 2 proofs of residency as outline in the enrollment process)**

Is the student under the age of 18 and living apart from parent(s) or guardian?

Yes  No

***I declare under penalty of perjury under the laws of California that the information provided here is true and correct and of my own personal knowledge.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Your Name: \_\_\_\_\_

Residence: \_\_\_\_\_

Street City Zip

Mailing Address: \_\_\_\_\_

Street City Zip

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

School Assigned \_\_\_\_\_ School Year \_\_\_\_\_

\_\_\_\_\_  
HUSD Staff / Print Name & Sign

\_\_\_\_\_  
HUSD Homeless Liaison

\_\_\_\_\_  
Date