

## Unaccompanied / Homeless Youth Verification Form

You reported on your FAFSA that you are an unaccompanied youth who is homeless or are an unaccompanied youth providing for your own living expenses that is at risk of being homeless. Please complete this form by checking one of the boxes below, sign and submit it, along with any required documentation, to the Financial Aid Office. Please include your name and student ID number on all documentation submitted. You should make a copy of this form and all documents for your records. <a href="Unaccompanied">Unaccompanied</a> — means you are not living in the physical custody of your parent or guardian. <a href="Homeless">Homeless</a> — means lacking fixed, regular and adequate housing, which includes living in shelters, motels or cars, or temporarily living with other people because you had nowhere else to go. <a href="Youth">Youth</a> — means you are 21 years of age or younger or you are still enrolled in high school as of the day you sign your FAFSA. \*Students who don't meet the definition of youth because they are older than 21 (and not yet 24) and who are unaccompanied and homeless or self-supporting and at risk of being homeless qualify for a homeless youth determination.

Student's Name:	Student ID#		
Phone #:			
you are able to provide verification of your defined in the McKinney-Vento Homeless A completed and signed by a Liaison, Director  Unable to obtain documentation23 year signed: Attach a signed letter explaining you unaccompanied homeless youth or are at roof the above officials. A student who choose were at risk of harm if they continued to live of your statements. The National Center for questions.  Not homeless and will provide parental information of qualify as an unaccompanied homeless.	essness or risk of homelessness: By checking this box, you declare that a status as an unaccompanied youth who is a homeless child or youth assistance Act. You must sign the second page of this form and have it or Designee as indicated on page two of this form.  It is of age or younger at the time your financial aid application was our situation if you have other circumstances that qualify you as an itsk of homelessness and are not able to get documentation from one is ses to leave their parents' home will need to demonstrate that they be with their parents. Attach any information you may have in support for Homeless Education 1-800-308-2145 is also available if you have formation on your financial aid application: I am not homeless and do less youth or youth at risk of homelessness. You must correct the not by providing your parental financial information. You and one parent submit it to the federal processor.		
Financ	cial Aid Office Use Only		
office  ☐ Not eligible-must provide parental data Comments Supporting Decision:	ies as unaccompanied homeless youth mined to be an unaccompanied homeless youth by financial aid  Reviewed by		

Student: Only complete this page if you checked "Attaching Documentation Verifying Homelessness or Risk of Homelessness" on the previous page.

This section to be completed by a ligiton D	iractor or Docignos as lists	ad balaw:	
This section to be completed by a Liaison, D	irector or Designee as liste	ed below:	
l am a: (check one)			
<ul> <li>McKinney-Vento School District Hor</li> <li>Director or designee of a U.S. Depar shelter or transitional housing progr</li> <li>Director or designee of a runaway of the Runaway and Homeless Youth A</li> </ul>	tment of Housing and Urb ram or homeless youth basic ce		
l, the Liaison, Director or Designee as checke (Print student's name)	ed above, verify that		w
Check one:			
☐ An unaccompanied homeless youth This means that after July 1, 2024, t by Section 725 of the McKinney-Ver	he student named above	was living in a homeless situ	
An unaccompanied, self-supporting This means that after July 1, 2024, t guardian, provides for his/her own I housing.	he student named above	was not in the physical custo	ody of a parent
As per the College Cost Reduction and Accessituation.  Printed Name of Liaison, Director or Designe		, I am authorized to verify tl	nis student's liv
Place of Employment		Work Phone Numb	er
Address of Place of Employment	City	State	Zip Code
Signature of Liaison, Directory or Designee		Date	
udent: By signing this worksheet, you certify that rposely give false or misleading information, you	·	· ·	d correct. If you
Student's Signature		Date	