

Financial Aid Office 2023-2024 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. Unaccompanied — means you are not living in the physical custody of your parent or guardian. Homeless — 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. Youth — 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 ID#

Student's Name:

Phone #:	Email:
you are able to provide verificated defined in the McKinney-Vento completed and signed by a Liais. Unable to obtain documentating signed: Attach a signed letter of unaccompanied homeless youth of the above officials. A student were at risk of harm if they control of your statements. The National questions. Not homeless and will provide not qualify as an unaccompanied information on your financial aims.	ring homelessness or risk of homelessness: By checking this box, you declare that tion of your status as an unaccompanied youth who is a homeless child or youth Homeless Assistance Act. You must sign the second page of this form and have it on, Director or Designee as indicated on page two of this form. On23 years of age or younger at the time your financial aid application was explaining your situation if you have other circumstances that qualify you as an or are at risk of homelessness and are not able to get documentation from one to who chooses to leave their parents' home will need to demonstrate that they cinued to live with their parents. Attach any information you may have in support and Center for Homeless Education 1-800-308-2145 is also available if you have parental information on your financial aid application: I am not homeless and do ied homeless youth or youth at risk of homelessness. You must correct the dapplication by providing your parental financial information. You and one parent cation and submit it to the federal processor.
	Financial Aid Office Use Only
☐ No verificationage 23 and ur office☐ Not eligible-must provide pare Comments Supporting Decision:	ncy—qualifies as unaccompanied homeless youth derdetermined to be an unaccompanied homeless youth by financial aid ental data

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 Liaison, D	irector or Designee as listo	ed below:	
I am a: (check one)			
 ☐ McKinney-Vento School District Hor ☐ Director or designee of a U.S. Deparshelter or transitional housing programmer ☐ Director or designee of a runaway of the Runaway and Homeless Youth A 	rtment of Housing and Urb ram or homeless youth basic ce		
I, the Liaison, Director or Designee as check (Print student's name)	ed above, verify that		was
Check one:			
This means that after July 1, 2022, t by Section 725 of the McKinney-Ver An unaccompanied, self-supporting This means that after July 1, 2022, t guardian, provides for his/her own housing. As per the College Cost Reduction and Accessituation.	nto Act, and was no in the youth (under 21) at risk o he student named above living expenses entirely or	physical custody of a paren of homelessness after July 1, was not in the physical custon in his/her own, and is at risk o	t or guardian. 2022 ody of a parent or of losing his/her
Printed Name of Liaison, Director or Designo	ee checked above	Title	
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 urposely give false or misleading information, you	·	•	d correct. If you
Student's Signature		Date	