

2022-2023 Unaccompanied Homeless Youth Verification Form

Name	e: UC ID/SSN:
Phone	e:UC Email:
who is being	eported on your Free Application for Federal Student Aid (FAFSA) that you are an unaccompanied youth s homeless, or are an unaccompanied youth providing for your own living expenses who is at risk of homeless. We must have this completed form and any required documentation before we can continue essing your financial aid.
Please	 e confirm this by answering the following questions based on the definitions below: • Homeless means lacking fixed, regular and adequate housing. You may be homeless if you are living in shelters, parks, motels, cars, or are temporarily living with other people because you have nowhere else to go. • Unaccompanied means you are not living in the physical custody of your parent or guardian. • Youth means you are 21 years of age or younger or you are still enrolled in high school as of the day you signed the FAFSA.
	□ Attaching documentation verifying homelessness or risk of homelessness: By checking this box, you declare that you can provide verification of your status as an unaccompanied youth who is a homeless child or youth defined in the McKinney-Vento Homeless Assistance Act. You must sign the second page of this form and have it completed and signed by a Liaison, Director or Designee as indicated on page two of this form. □ Unable to obtain documentation23 years of age or younger at the time your financial aid application was signed: Attach a signed letter explaining your situation if you have other circumstances that qualify you as an unaccompanied homeless youth or are at risk of homelessness and are not able to get documentation from one of the above officials. A student who chooses to leave their parents' home will need to demonstrate that they were at risk of harm if they continued to live with their parents. Attach any information you may have in support of your statements. The National Center for Homeless Education 1-800-308-2145 is also available if you have questions. □ Not homeless and will provide parental information on your financial aid application: I am not homeless and do not qualify as an unaccompanied homeless youth or youth at risk of homelessness. You must correct the information on your financial aid application by providing your parental financial information. You and one parent must sign the financial aid application and submit it to the federal processor.
	Financial Aid Office Use Only
	☐ Status Verified by outside agency—qualifies as unaccompanied homeless youth
	☐ No verificationage 23 and underdetermined to be an unaccompanied homeless youth by financial aid office
	☐ Not eligible-must provide parental data
	Comments Supporting Decision:
	Date of Review: Reviewed by
	1



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, Director or Design	ee as listed beit	JW:		
am a: (check one)				
☐ McKinney-Vento School District Homeless Liaison				
☐ Director or designee of a U.S. Department of Hous emergency shelter or transitional housing program	_	Development (H	IUD) funded	
☐ Director or designee of a runaway or homeless you		or transitional	living program	
funded by the Runaway and Homeless Youth Act (F				
, the Liaison, Director or Designee as checked above, verify			was:	
	(Pri	nt student's nai	me)	
Check one:				
\square An unaccompanied homeless youth (under 21) after	• •			
This means that after July 1, 2021, the student nam		_		
Defined by Section 725 of the McKinney-Vento Act guardian.	, and was no in	the physical cu	stody of a parent o	r
☐ An unaccompanied, self-supporting youth (under	21) at risk of ho	melessness afte	er July 1, 2021	
This means that after July 1, 2021, the student nar	•		•	
parent or guardian, provides for his/her own living		• •	•)f
losing his/her housing.		•	·	
As per the College Cost Reduction and Access Act (Public Lav	v 110-84), I am	authorized to v	erify this student's	
iving situation.				
				_
Printed Name of Liaison, Director or Designee checked above		Title		
Place of Employment		Work Phone Number		
Address of Place of Employment	City	State	Zip Code	
, .,	,		,	
				•
Signature of Liaison, Directory or Designee		Date		
Student: By signing this worksheet, you certify that all inforn	nation reported	on this worksh	eet is complete an	d
correct. If you purposely give false or misleading information	•		•	
Student Signature	Date	2		
Student Signature	Date	e		