



Financial Aid Office

800 South College Drive

Santa Maria, CA 93454-6399

(805) 922-6966, Ext. 3200

NAME _____

PHONE # _____

STUDENT ID # **H** _____

2025-26 Unaccompanied Homeless Youth Verification Form

You reported on your financial aid application that you are an unaccompanied youth who is homeless or are an unaccompanied youth providing for your own living expenses who is at risk of being homeless at any time on or after July 1, 2024. 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. Include your student ID number on all documentation submitted. **You should make a copy of this form and all documents for your records.**

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.

Unaccompanied – means you are not living in the physical custody of your parent or guardian.

Youth – means you are 23 years of age or younger or you are still enrolled in high school as of the day you sign your financial aid application.

- ☐ **Attaching documentation verifying homelessness or risk of homelessness:**
By checking this box, you declare that you are able to 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 documentation from above sources--23 years of age or younger at the time your financial aid application was signed:**
Attach a 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. Provide documentation in support of your situation. Documentation includes but is not limited to information or a signed statement from: local school district personnel, private or publicly funded homeless shelters and service providers, college or high school counselors, mental health professionals, social workers, mentors, doctors, and clergy. If written documentation is not available, please schedule an appointment with a Financial Aid Analyst in the Financial Aid Office. 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.

Student Signature _____ Date _____

Financial Aid Office Use Only

- ☐ Status Verified by outside agency—qualifies as unaccompanied homeless youth
- ☐ No verification--age 23 and under--determined to be an unaccompanied homeless youth by financial aid office
- ☐ Not eligible--must provide parental data

Comments Supporting Decision: _____

Date of Review: _____ Reviewed by: _____

2025-26 Unaccompanied Homeless Youth Verification Form

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

This section to be completed by a Liaison, Director or Designee as listed below

I am a: (check one)

- ☐ **High school or school district homeless liaison**
- ☐ **McKinney-Vento School District Homeless Liaison**
(Contact your school district for contact information on this person.)
- ☐ **Director or designee of an emergency or transitional shelter, street outreach program, homeless youth drop-in center, or other program serving individuals who are homeless, or**
- ☐ **Director or designee of a Federal Trio program or a Gaining Early Awareness and Readiness for Undergraduate program (GEAR UP) grant, or**
- ☐ **A financial aid administrator at another institution who documented the student's circumstance in the same or a prior award year.**

I, the Liaison, Director or Designee as checked above, verify that _____ was:
(Print student's name above)

Check one:

- ☐ **An unaccompanied homeless youth (under 21) after July 1, 2024**
This means that after July 1, 2024, the student named above was living in a homeless situation, as defined by Section 725 of the McKinney-Vento Act, and was not in the physical custody of a parent or guardian.
- ☐ **An unaccompanied, self-supporting youth (under 21) at risk of homelessness after July 1, 2024**
This means that after July 1, 2024, the student named above was not in the physical custody of a parent or guardian, provides for his/her own living expenses entirely on his/her own, and is at risk of losing his/her housing.

I am authorized to verify this student's living situation. Please contact me at the number listed below to verify or to request additional information regarding this student.

Printed Name of Liaison, Director or Designee checked above

Title

Place of Employment

Work Phone Number

Complete Address of Place of Employment

City

State

Zip Code

Signature of Liaison, Director or Designee

Date