

## Financial Aid and Scholarships

## 2025 - 2026 UNACCOMPANIED HOMELESS YOUTH VERIFICATION

Student's Name:	W#:
I (the student) am unable to obtain a determination from any of the "Authorized Individuals" listed below. I acknowledge that the Office of Financial Aid and Scholarships will contact me to discuss my unique situation and that I will be ineligible for student aid until an aid administrator is able to make a determination regarding my eligibility.	
Student (print & sign name)	(date)
The form below must be completed by an "authorized indivi	idual" who can confirm your living situation and independent status.
<u>Authorized Individual (check one)</u> :	
☐ A McKinney-Vento School District Liaison	District:
☐ A director or designee of a HUD-funded shelter	Shelter Name:
☐ A director or designee of a RHYA-funded shelter	Shelter Name:
☐ A financial aid representative at a previous institution when the control of t	no has made a determination in a previous award year.
Check one:	
$\hfill\square$ an unaccompanied homeless youth on or after July 1,	2024
The student named above was living in a homeless not in the physical custody of a parent or guardian	s situation, as defined by Section 725 of the McKinney-Vento Act and was n.
$\hfill\Box$ an unaccompanied, self-supporting youth at risk of hom	nelessness after July 1, 2024
The student named above was not in the physical entirely on his/her own, and is at risk of losing his	custody of a parent or guardian, provides for his/her own living expenses /her housing.
	aw 110-84) and the FAFSA Simplification Act, I am authorized to verify this ancial Aid Administrator is necessary. Should you have additional ease contact me at the number listed below.
By signing, I certify that all of the information reported is conformation you may be fined, be sentenced to jail, or both	omplete and correct. <b>Warning:</b> If you purposely give false or misleading n.
Authorized Individual (print & sign name)	Title
Agency/Institution Name, Address & Telephone Number	Date