

## 2017-2018 Unaccompanied Homeless Youth Verification Form

STUDENT'S NAME

STUDENT ID #

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. 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.

**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 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. Please print the 2017-18 Unaccompanied Homeless Youth Agency Verification Form and have it completed and signed by a Liaison, Director or Designee as indicated on the form.

☐ **Unable to obtain documentation--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. Attach any information you may have in support of your statements. Please provide information requested on page 2 of this form. 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. 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 my 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's Signature

Date

MOORPARK • OXNARD • VENTURA  
FINANCIAL AID OFFICE

HOMELESS YOUTH CERTIFICATION REQUEST

1. Date of homelessness: \_\_\_\_\_ Duration of homelessness: \_\_\_\_\_ to \_\_\_\_\_

2. In which of the following situations did you reside during homelessness:

- ☐ Motel ☐ Shelter or other temporary housing program  
☐ Car ☐ Inadequate housing (insufficient to meet physical and psychological needs)  
☐ Campsite ☐ Friend's house

3. In which of the following situation do you **currently** reside:

- ☐ I currently have adequate housing  
☐ Motel ☐ Shelter or other temporary housing program  
☐ Car ☐ Inadequate housing (insufficient to meet physical and psychological needs)  
☐ Campsite ☐ Friend's house

4. Please check all scenarios that describes your **current** financial situation:

- ☐ I am self-supporting and receive zero help from others.  
☐ I am at risk of being homeless due to inadequate fixed income and support.  
☐ I am not self-supporting and receive adequate assistance/support from family/others.  
☐ Other: \_\_\_\_\_

By signing this worksheet, I certify that all information reported on this worksheet is complete and correct. If I purposely give false or misleading information, I may be fined, sentenced to jail, or both.

\_\_\_\_\_  
Student's 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: \_\_\_\_\_

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STUDENT'S NAME

STUDENT ID #

This form must be completed by a Liaison, Director or Designee as listed below.

**I am a: (check one)**

- ☐ **McKinney-Vento School District Homeless Liaison** (Contact your school district for contact information on this person)
- ☐ **Director or designee of a U.S. Department of Housing and Urban Development (HUD) funded emergency shelter or transitional housing program, or**
- ☐ **Director or designee of a runaway or homeless youth basic center or transitional living program funded by the Runaway and Homeless Youth Act (RHYA)**

I, the Liaison, Director or Designee as checked above, verify that \_\_\_\_\_ was:

**Check one:**

- ☐ **An unaccompanied homeless youth (under 21) after July 1, 2016**  
This means that after July 1, 2016, 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, 2016**  
This means that after July 1, 2016, 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.

As per the College Cost Reduction and Access Act (Public Law 110-84), I am authorized to verify this student's living situation. No further verification by the Financial Aid Administrator is necessary. 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 (include City, State and Zip Code)

Signature of Liaison, Director or Designee

Date