

## HOMELESS / UNACCOMPANIED YOUTH VERIFICATION

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
NTC Student ID

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Phone Number (include area code)

A student is independent if at any time on or after July 1, 2024 (irrespective of whether he or she is currently homeless or at risk), the student is determined to be an unaccompanied youth who is homeless or is self-supporting and at risk of being homeless. Any student under the age of 24 may qualify for a homeless youth determination.

**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.

This determination can be made by, and must be substantiated by **one** of the following:

- A school district homeless liaison,
- The director (or designee) of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development, or,
- The director (or designee) of a runaway or homeless youth basic center or transitional living program.
- College Financial Aid Administrator

Choose **one** of the following options:

☐ **Attach 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.

- Have **page 3 "Unaccompanied Homeless Youth Agency Confirmation Form"** of this form completed and signed by a Liaison, Director or Designee as indicated on the form.

☐ **Unable to Obtain Documentation Verifying Homeless:**

- Attach a letter explaining your situation, if you have other circumstances that qualify you as an unaccompanied homeless youth or you are at risk of homelessness and are not able to get documentation from one of the officials listed above.
- Attach any information you may have in support of your letter.
- **Complete page 2, "Homeless Youth Certification Request"**

☐ **Not Homeless and Will Provide Parental Information on FAFSA:** I am not homeless and do not qualify as an unaccompanied homeless youth or youth at risk of homelessness.

- **You must correct and resubmit the information on your FAFSA by providing your parents' financial information and signatures.**

By signing this form, I certify that all of the information reported on it is complete and correct.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

# HOMELESS YOUTH CERTIFICATION REQUEST

\_\_\_\_\_  
Name

\_\_\_\_\_  
Student ID Number

Duration of Homelessness: \_\_\_\_\_ to \_\_\_\_\_

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

- ☐ Motel
- ☐ Car
- ☐ Campsite Shelter or other temporary housing program
- ☐ Inadequate housing (insufficient to meet physical and psychological needs)
- ☐ Temporarily living with others because of nowhere else to go.
- ☐ Other Please explain: \_\_\_\_\_  
\_\_\_\_\_

2. In which of the following situations do you currently reside:

- ☐ I currently have adequate housing
- ☐ Motel
- ☐ Car
- ☐ Campsite Shelter or other temporary housing program
- ☐ Inadequate housing (insufficient to meet physical and psychological needs)
- ☐ Temporarily living with others because of nowhere else to go.
- ☐ Other Please explain: \_\_\_\_\_  
\_\_\_\_\_

3. IF staying with others, where would you live if you could no longer stay at your current location?

Please explain: \_\_\_\_\_  
\_\_\_\_\_

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 Please explain: \_\_\_\_\_  
\_\_\_\_\_

By signing this form, I certify that all of the information reported on it is complete and correct.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

# UNACCOMPANIED HOMELESS YOUTH AGENCY CONFIRMATION FORM

\_\_\_\_\_  
Name

\_\_\_\_\_  
Student ID Number

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 indicated above, verify that \_\_\_\_\_ was  
(Print student name)

Check one:

- ☐ **An unaccompanied homeless youth after July 1, 2024.** This means that after July 1, 2020, the above-named student 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 at risk of homelessness after July 1, 2024:** This means that, after July 1, 2020, the above-named student 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: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_