



Financial Aid Office • 5100 Sierra College Blvd. • Rocklin CA 95677 • (916) 660-7310

## **Homeless Verification 2025-2026**

Student Last Name	First Name	M.I.	Student ID Number
Date of Birth		Phone Number (include area code)	

**Please complete this form if you received a determination at any time on or after July 1, 2024, that you were an unaccompanied youth who was homeless or at risk of being homeless.**

- *“Homeless” means lacking fixed, regular and adequate housing. You may be homeless if you are living in shelters, parks, motel, hotels, public spaces, camping grounds, cars, abandoned buildings, or are temporarily living with other people because you have nowhere else to go. Also, if you are living in any of these situations and fleeing an abusive parent you may be considered homeless even if your parent would provide support and a place to live.*
- *“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 this application.*

*If you do not have a determination but believe 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 attach a notarized letter from a person you temporarily lived with or knows of your situation.*

**Please work with an authorized party to complete the form on the back of this page. An authorized party would be a high school liaison / counselor, a director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development, Or, director of a runaway or homeless youth basic center or transitional living program.**

# Unaccompanied Homeless Youth Documentation of Student Status for the 2025-2026 FAFSA

Re: \_\_\_\_\_  
Student Name (First and Last)

DOB: \_\_\_\_\_  
MM/DD/YYYY

Student ID #: \_\_\_\_\_

This letter is to confirm that \_\_\_\_\_ was (check one):  
Student Name (First and Last)

This means that after July 1, 2024, the 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, 2024, the student was not in the physical custody of a parent or guardian, provides his / her own living expenses entirely on his / her own, and is at risk of losing his / her housing.

**I am providing this letter as documentation as (check one):**

☐ A McKinney-Vento School District Liaison

☐ A director or designee of a HUD-funded shelter (list shelter name): \_\_\_\_\_

☐ A director or designee of a RHYA-funded shelter (list shelter name): \_\_\_\_\_

☐ Other Administrator (please specify institution): \_\_\_\_\_

As per the College Cost Reduction and Access Act (Public Law 110-84), I am authorized to document this student's living situation and determine his/ her independent student status as an unaccompanied homeless youth or unaccompanied, self-supporting youth at risk of homelessness. Should you have additional questions or need more information about this student, please contact me at the number or email address listed on in the following section.

Authorized Signature	Date
Print Name	Phone Number
Title	
Agency	

## Student Acknowledgement of True and Accurate Information

BY SIGNING THIS FORM, I CERTIFY THAT ALL THE INFORMATION REPORTED ON THIS FORM IS TRUE AND ACCURATE.

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

HOMELESS-VERIFICATION