



2026-2027 Unaccompanied Homeless Youth Verification Form

Student Name: _____ ID: _____

You reported on your **2026-2027** Free Application for Federal Student Aid that at any time on or after July 1, 2025 you are/were an unaccompanied youth who is homeless or are a self-supporting unaccompanied youth at risk of being homeless. Please have this form completed by the authorizing individual, student signature on back and submit it, along with any required documentation, to your home college Financial Aid Office. Include your student ID number on all documentation submitted. **You must renew your status every academic year.**

Explanation Statement: _____

Third Party Selection (check one):

☐ A director or designee of an emergency or transitional shelter or other program serving those experiencing homelessness.

☐ The student's high school or school district liaison or designee. _____
(Agency Name)

☐ A director or designee of a project supported by TRIO or GEAR UP program grant. _____
(Agency Name)

☐ A financial aid administrator:

===== Third Party Verification =====

(To be completed by appropriate authorizing person)

This letter is to confirm that _____ is/ was:
(name of student)

Check one:

☐ an unaccompanied homeless youth after July 1, 2025.

This means that, after July 1, 2025, _____ (name of student) was living in a homeless situation.

☐ an unaccompanied, self-supporting youth at risk of homelessness after July 1, 2025.

This means that, after July 1, 2025, _____ (name of student) was self-supporting and at risk of being homeless. _____

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.

Third Party Statement of Certification - By signing below, I certify all the information on this form is true and complete to the best of my knowledge.

Authorized Signature	Date
Print Name	Telephone Number
Title	
Agency	

Student Statement of Certification - By signing below, I certify all the information on this form is true and complete to the best of my knowledge. If requested, I agree to provide further documentation to substantiate the information provided. I understand that all special circumstances are reviewed on a case-by-case basis and this written request may not ultimately result in actual change in financial aid.

Student Signature: _____ DATE: _____