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2023-2024 Application for Unaccompanied and Homeless Youth Form

Student Na	me:	Student ID #:
Email Addr	ess:	Phone #:
is homeless determine y	ed on your Free Application for Federal Student Aid (FAFSA) either or are an unaccompanied youth providing for your own living ex your eligibility for financial aid, the Office of Student Financial Aid and submit this form with the required documentation to the Office	penses who is at risk of being homeless. To needs additional information. Please
student who Homeless- Self-suppo Unaccomp Youth—a s Housing Fi Regular—u	Homeless youth definitions: being homeless—when a student's housing may cease to be fixed is being evicted and has been unable to find fixed, regular, and elacking fixed, regular, and adequate housing. briting—when a student pays for his own living expenses, including the anied—when a student is not living in the physical custody of a particular who is 21 years old or younger or still enrolled in high schaixed—stationary, permanent, and not subject to change. Used on a predictable, routine, or consistent basis. —sufficient for meeting both the physical and psychological needs	ed, regular, and adequate, for example, a adequate housing. ag fixed, regular, and adequate housing. parent or guardian. ool as of the date he signs the application.
Attach you are	e of the following options: Documentation Verifying Homelessness or Risk of Homeles able to provide verification of your status as an unaccompanied in the McKinney-Vento Homeless Assistance Act. Have page 3 "Unaccompanied Homeless Youth Agency Corsigned by a Liaison, Director or Designee as indicated on the foll for you are unable to have this complete page 3 of this form your status. This must be signed, dated, state their title and place of the status of the following status.	youth who is a homeless child or youth nfirmation Form" of this form completed and rm. nay submit an official letter, attesting to your
Unable	e to Obtain Documentation Verifying Homeless: Attach a letter explaining your situation, if you have other circum unaccompanied homeless youth or you are at risk of homeless from one of the officials listed above. Attach any information you may have in support of your stateme	ess and are not able to get documentation
○ Not Ho	Complete page 2, "Homeless Youth Certification Request". home will need to demonstrate that they were at risk of harm if th National Center for Homeless Education 1-800-308-2145 or homelessions. The meless and Will Provide Parental Information on FAFSA: I are	ey continued to live with their parents. The neless@serve.org is also available if you have
unacco	mpanied homeless youth or youth at risk of homelessness.	
0	You must correct the information on your financial aid application information.	n by providing your parent(s)' financial
0	You and one parent must sign the FAFSA and submit it to the fe	ederal processor.
0	If you believe you don't meet these requirements but would like FinAid@mckendree.edu with your inquiry or call us at 618-537-6	
Student's S	ignature:	Date:

2023-2024 Homeless Youth Certification Request

Student Name:	S	Student ID #:
If your Unaccompanied Youth status cannot Form. Complete the following form and retupage one, where you selected "Unable to for further information)	rn to the Office of Financial Aid. (Only	y complete this form if directed on
1. Date of homelessness:	Duration of homelessness:	to
2. In which of the following situations did yo	u reside during homelessness:	
☐ Car		
Campsite		
Shelter or other temporary housing	program	
Inadequate housing (insufficient to r	neet physical and psychological need	ds)
Temporarily living with others becau	se of nowhere else to go.	
3. In which of the following situations do you ☐ I currently have adequate housing	u currently reside or would reside if no	ot residing in campus housing:
☐ Motel		
☐ Car		
Campsite		
Shelter or other temporary housing	program	
☐ Inadequate housing (insufficient to r	neet physical and psychological need	ls)
Temporarily living with others becau	se of nowhere else to go.	
Other (Please explain):		
 Please check all scenarios that describes I am self-supporting and receive zer 		
☐ I am at risk of being homeless due to	o inadequate fixed income and suppo	ort.
☐ I am not self-supporting and receive	adequate assistance/support from fa	amily/others.
Other (Please explain):		
By signing this worksheet, I certify that all in give false or misleading information, I may b		is complete and correct. If I purposely
Student's Signature:		Date:
Financial Aid Office Use Only: Status Verified by outside agency—quali No verification—determined to be an una Not eligible—must provide parental data		
Comments Supporting Decision:		
Date of Baylows	Daviewed by	

2023-2024 Unaccompanied Homeless Youth Agency Confirmation

Student Name:	Student ID #:
This form must be completed by a Liaison, D	Director or Designee as listed below.
I am a: (check one)	
McKinney-Vento School Distri this person)	ct Homeless Liaison (Contact your school district for contact information on
Director or designee of a U.S. emergency shelter or transition	Department of Housing and Urban Development (HUD) funded anal housing program, or
Director or designee of a runa funded by the Runaway and H	way or homeless youth basic center or transitional living program omeless Youth Act (RHYA)
I, the Liaison, Director or Designee as ir	ndicated above, verify thatwas
Check one:	(Print student name)
	youth after July 1, 2023. This means that after July 1, 2023, the aboveneless situation, as defined by Section 725 of the McKinney-Vento Act, and a parent or guardian.
after July 1, 2023, the above-name	orting youth at risk of homelessness after July 1, 2023: This means that, ed student was not in the physical custody of a parent or guardian, provides tirely on his/her own, and is at risk of losing his/her housing.
living situation. No further verification by th	ccess Act (Public Law 110-84), I am authorized to verify this student's ne Financial Aid Administrator is necessary. Please contact me at the tadditional information regarding this student.
Printed Name of Liaison, Director of Designe	ee checked above:
Place of Employment:	Work Phone Number:
Address of Employment:	
Email Address:	
Signature:	Date: