



2025-2026 Application for Unaccompanied and Homeless Youth Form

Student Name: _____ Student ID #: _____

Email Address: _____ Phone #: _____

You reported on your Free Application for Federal Student Aid (FAFSA) either 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. To determine your eligibility for financial aid, the Office of Student Financial Aid needs additional information. Please complete and submit this form with the required documentation to the Office of Financial Aid.

Homeless youth definitions:

At risk of being homeless—when a student's housing may cease to be fixed, regular, and adequate, for example, a student who is being evicted and has been unable to find fixed, regular, and adequate housing.

Homeless—lacking fixed, regular, and adequate housing.

Self-supporting—when a student pays for his own living expenses, including fixed, regular, and adequate housing.

Unaccompanied—when a student is not living in the physical custody of a parent or guardian.

Youth—a student who is 21 years old or younger or still enrolled in high school as of the date he signs the application.

Housing Fixed—stationary, permanent, and not subject to change.

Regular—used on a predictable, routine, or consistent basis.

Adequate—sufficient for meeting both the physical and psychological needs typically met in the home.

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.
- If you are unable to have this complete page 3 of this form you may submit an official letter, attesting to your status. This must be signed, dated, state their title and place of employment.

☐ **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 statements.
- **Complete page 2, "Homeless Youth Certification Request".** 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 or homeless@serve.org is also available if you have questions.

☐ **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 the information on your financial aid application by providing your parent(s)' financial information.
- You and one parent must sign the FAFSA and submit it to the federal processor.
- If you believe you don't meet these requirements but would like to discuss your situation email FinAid@mckendree.edu with your inquiry or call us at 618-537-6828.

Student's Signature: _____ Date: _____

2025-2026 Homeless Youth Certification Request

Student Name: _____ Student ID #: _____

If your Unaccompanied Youth status cannot be determined for the academic year by the agencies listed on the UHY Form. Complete the following form and return to the Office of Financial Aid. **(Only complete this form if directed on page one, where you selected "Unable to Obtain Documentation Verifying Homeless". See your selection above for further information)**

1. Date of homelessness: _____ Duration of homelessness: _____ to _____

2. 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.

3. In which of the following situations do you currently reside or would reside if not residing in campus housing:

- ☐ 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): _____

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 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—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: _____

2025-2026 Unaccompanied Homeless Youth Agency Confirmation

Student 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 indicated above, verify that _____ was:
(Print student name)

Check one:

- ☐ **An unaccompanied homeless youth after July 1, 2025.** This means that after July 1, 2025, 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, 2025:** This means that, after July 1, 2025, 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: _____

Address of Employment: _____

Email Address: _____

Signature: _____ Date: _____