

Cañada College

Skyline College

College of San Mateo

2016 – 2017 Verification of Unaccompanied Homeless Youth



	Plo	ease check campus: 🔲 Caña	ada College 🔲 Col	lege of San Mateo	☐ Skyline College	
A. Stude	nt Information					
Last Name First Name		First Name	M.I.	M.I. Student ID Number		
Street Address City		City	ST Z	ip Phone	Phone Number	
outh and/o	r at risk of being an unac his form, it will prove th	eir Free Application for Federal s companied homeless youth mu e students' independent status (on agency letterhead) by any	ist submit documenta for financial aid purp	ation to the Financial oses. Acceptable doc	Aid Office. By umentation, in lieu	
I hereby authorize the certifying official at to release information regarding my homeless status (as of July 1, 2015 or later) to the Financial Aid Office.						
Student Signature			Date			
B. Certif	cation/Validation	(To be completed by c	ertifying official			
The student above may be eligible for financial aid as an independent student. When validation is complete, return this form to the Financial Aid Office. Please check only one option and sign below.						
		ned to be an unaccompanied hool district homeless liaison		neless (on or after Ju	uly 1, 2015) by a	
	Student was determined to be an unaccompanied youth who was homeless (on or after July 1, 2015) by the director/coordinator of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development.					
		ned to be an unaccompanied by the director/coordinator o				
Signature of	Certifying Official	Title		Date		
Print Name of Certifying Official		Email A	Address	Phone	e Number	
Must submit with valid photo ID						

(650) 306-3307

(650) 574-6147

(650) 738-4236

IMPORTANT

Please use black or blue ink if completing by hand. This

document will be scanned into your financial aid file.