



# 2012 2013 Financial Aid Verification of Unaccompanied Homeless Youth



## Section I (Instructions)

Students who answered 'yes' on their Free Application for Federal Student Aid (FAFSA) as being an unaccompanied homeless youth and/or at risk of being an unaccompanied homeless youth must submit documentation to the Financial Aid Office. By completing this form, it will prove the students' independent status for financial aid purposes. Acceptable documentation, in lieu of this form, would be a signed letter (on agency letterhead) by any of the certifying officials listed in Section III of this form.

## Section II (To be completed by student)

_____	_____	_____	_____	
Last Name	First Name	Initial	Social Security Number	
_____		_____	_____	_____
Street Address		City	State	Zip
_____		_____		
Email address		Phone Number		

I hereby authorize the certifying official at \_\_\_\_\_ to release information regarding my homeless status (as of July 1, 2011 or later) to the Financial Aid Office.

_____	_____
Student Signature	Date mm/dd/yyyy

## Section III (to be completed by the certifying official)

The student above may be eligible for financial aid as an independent student. When validation is complete, please return this form to the Financial Aid Office at the address below. Please **check** only one option and sign below.

- Student was determined to be an unaccompanied youth who was homeless **(on or after July 1, 2011) by a High school or high school district homeless liaison.**
- Student was determined to be an unaccompanied youth who was homeless **(on or after July 1, 2011) by the director/coordinator of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development.**
- Student was determined to be an unaccompanied youth who was homeless or at risk of being homeless **(on or after July 1, 2011) by the director/coordinator of a runaway or homeless youth basic center or transitional living program.**

_____	_____	____/____/____
Print Name of Certifying Official	Phone Number	Date mm/dd/yyyy

_____	_____
Signature of Certifying Official	Email address

\_\_\_\_\_  
Title of Certifying Official

Cañada College Financial Aid Office	Phone: 650-306-3307	FAX: 650-306-3116
The College of San Mateo Financial Aid Office	Phone: 650-574-6147	FAX: 650-574-6304
Skyline College Financial Aid Office	Phone: 650-738-4236	FAX: 650-738-4425