

Student Name: _____

Student VSU ID #: _____



2026-2027 Unaccompanied Youth and Homeless Verification

The information requested on this form is needed to process your application for financial aid for the 2026-2027 academic year. This form must be completed by an authorized individual (not the student) who can confirm your living situation and independent status.

You indicated on the 2026-2027 Free Application for Federal Student Aid (FAFSA), you were an unaccompanied youth who was homeless or self-supporting and at risk of being homeless at any time on or after July 1, 2025.

- “Homeless” means lacking fixed, regular and adequate housing, which includes living in shelters, motels or cars, or temporarily living with other people because you had nowhere else to go. Also, if you are living in any of these situations and fleeing an abusive parent you may be considered homeless even if your parent would otherwise provide support and a place to live.
- “Unaccompanied” means you are not living in the physical custody of your parent or guardian.
- “Youth” means you are under 21 years of age or you were still enrolled in high school as of the day you signed your FAFSA. Students who don’t meet the definition of “youth” because they are older than 21 (and not yet 24) may qualify for a homeless youth determination given adequate documentation is provided.

AUTHORIZED INDIVIDUAL DOCUMENTING STUDENT STATUS

Please identify who is providing the authorization on this form confirming the student’s living situation and status:

A McKinney-Vento School District Homeless Liaison (list district):

A director or designee of a HUD-funded shelter (list shelter name):

A director or designee of a RHYA-funded shelter (list shelter name):

A financial aid administrator based on documented interview (please attach)

I am authorized to document this student’s living situation and determine his/her independent student status as an unaccompanied homeless youth or unaccompanied, self-supporting youth at risk of homelessness.

HOMELESS DETERMINATION TO BE COMPLETED BY AUTHORIZED INDIVIDUAL IDENTIFIED ABOVE

I confirm that the above named student was:

an unaccompanied homeless youth on or after July 1, 2025.

The student named above 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.

The student named above 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.

CERTIFICATION AND AUTHORIZATION

By signing, I certify that all of the information reported is complete and correct.

WARNING: if you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Authorized Signature	Date
Print Name	Telephone Number
Title/Agency	Email Address

The Office of Student Financial Aid
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Email: finaid@vsu.edu | Fax: 804-524-6818