

Homelessness Documentation Request Form 2025-2026

First Name		Last Name	
Student ID #		Cell Phone	
Email Address			

This form is used to verify that you are/were an unaccompanied youth who was homeless OR an unaccompanied youth providing for your own living expenses who is at risk of being homeless.

“Homeless” means lacking fixed, regular and adequate housing, which includes living in shelters, motels, cars, or temporarily living with other people because you had nowhere else to go.

“Unaccompanied” means you are not living in the physical custody of your parent or guardian.

Please check one of the boxes below and attach the requested documentation.

- ☐ 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. You must sign the second page of this form and have it completed and signed by a Liaison, Director or Designee.
- ☐ Attach a letter explaining your situation if you have other circumstances that qualify you as an unaccompanied homeless youth or are at risk of homelessness and are not able to get documentation from one of the above officials. 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. Attach any information you may have in support of your statements. The National Center for Homeless Education 1-800-308-2145 is also available if you have questions.
- ☐ 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 parental financial information. You and one parent must sign the FAFSA and submit it to the federal processor.

This section is to be completed by a Liaison, Director or Designee as listed below:

Please verify your position by checking one of the following:

I am a: (check one)

- ☐ A McKinney-Vento School District Liaison
- ☐ A Director or Designee of a U.S. Department of Housing and Urban Development (HUD) funded emergency shelter or transitional housing program
- ☐ A 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 checked above, verify that _____ was:
 (Name of Student)

Check one:

- ☐ An unaccompanied youth (under 21) who was homeless on or after July 1, 2024
- ☐ An unaccompanied youth who is self-supporting and at risk of being homeless on or after July 1, 2024

I am authorized to verify this student's living situation.

Liaison/Director/Designee Printed Name	Title		
Place of Employment	Work Phone Number		
Complete Address of Place of Employment	City	State	Zip Code
Signature of Liaison/Director/Designee		Date	

Student Certification Statement

By signing below, I (we) certify that all information provided on this form and any supporting documentation I have submitted is complete and correct to the best of my knowledge. I understand if I purposely give false or misleading information, I may be fined, sentenced to prison, and/or removed from school. Applications suspected to contain fraudulent information will not be awarded federal financial aid.

Signature	Date