



**OFFICE OF FINANCIAL AID
2025-2026
HOMELESS YOUTH VERIFICATION**

NAME: _____ **SCCC ID#** _____

You indicated on your 2025-2026 FAFSA that you are a Homeless Youth. Please complete and return this form along with supporting documentation to the office.

1. If you are presently a homeless youth [or were a homeless youth in 2024] and lived in a facility providing temporary shelter, please have the section below completed:

The following **MUST** be completed by an individual providing verification as a:

☐ A McKinney-Vento School District Liaison - Name: _____

Contact Information _____

☐ A director or designee of a HUD-funded shelter- Name: _____

Contact information: _____

☐ A director or designee of a RHYA-funded shelter-Name: _____

Contact Information: _____

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 Office is necessary. Should the FAO have additional questions or need more information about this student, please contact me at the number listed above

This statement is to confirm that _____ was an unaccompanied homeless youth after July 1, 2024. This means that, after July 1, 2024, the 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.

DIRECTOR/DESIGNEE NAME [PLEASE PRINT]

TITLE

DIRECTOR/DESIGNEE

DATE

AGENCY SEAL HERE

NAME: _____ SCCC ID# _____

2. **If you are presently [or were a homeless youth in 2024] who did not live in a temporary shelter, but in multiple homes temporarily, please complete the section below & provide the requested documentation:**

This statement is to confirm that I was an unaccompanied, self-supporting, youth at risk of homelessness after July 1, 2024. This means that, after July 1, 2024:

- I was not in the physical custody of a parent or guardian,
- I provided my own or is provided living expenses or they were provided by someone other than my parent/guardian and,
- I have lost or am at risk of losing housing.

NAME [PRINT]

SCCC ID#

SIGNATURE

DATE

In addition to the self-certifying statement above, the office also requests you submit:

- ☐ Submit copies of the student's 2023 IRS Tax Transcript, W-2's etc. as proof of income for the year 2023.
- ☐ Complete and submit a copy of the 2025-26 Monthly Resource & Expenditure Statement as proof of financial assistance provided to the student by others.