



Financial Aid Office
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EmilyGriffith.edu

2025-2026 Unaccompanied Youth

Student Name (Print): _____ Student ID#: _____

Email: _____ Phone Number: _____

Due to your response to the "Student Dependency Status" section on the 2025-2026 FAFSA you are an Independent Student. Verification that you were an unaccompanied youth who was homeless or self-sufficient and at the risk of being homeless on or after July 1, 2024 is required.

The section below must be completed by ONE of the 4 individuals listed. You will choose the appropriate individual based on your situation.

I AM THE:

- ☐ **McKinney-Vento School District Homeless Liaison**
(Students: contact your school district for contact information on this person)
- ☐ **Director or Designee of a U.S. Department of Housing and Urban Development (HUD) emergency shelter or transitional housing program**
- ☐ **Director or Designee of a Federal TRIO program or a Gaining Early Awareness and Readiness for Undergraduate program (GEAR UP) grant.**
- ☐ **Financial Aid Administrator at another institution who previously documented the student's circumstance**

I, the Liaison, Director or Designee above, verify _____ (print student name) was:

CHECK ONE:

- ☐ **An unaccompanied homeless youth after July 1, 2024.** This means that, after July 1, 2024, this 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.
- ☐ **An unaccompanied, self-supporting youth at risk of homelessness after July 1, 2024.** This means that after July 1, 2024, this student was not in the physical custody of a parent or guardian, the student provides for his/her own living expenses entirely, and is at risk of losing his/her housing.

As per the College Cost Reduction and Access Act (Public Law 110-84), I am authorized to verify this student's living situation. Please use my contact information below to verify this statement or for additional information.

Printed Name of Liaison, Director or Designee	Title		
Employer	() Work Phone Number		
Employment Address	City	State	Zip Code
Signature of Liaison, Director or Designee	Date		

By signing this form, I certify that all the information reported on this form is complete, true, and accurate. I understand that purposely providing false or misleading information could result in criminal prosecution, prison sentence, and/or a fine pursuant to U.S. Criminal Code and Colorado Criminal Code. I affirm that I have read, understand, and agree to this form in its entirety.

Student Signature

Date