



Financial Aid Office  
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### 2026-2027 Unaccompanied Youth

Student Name (Print): \_\_\_\_\_ Student ID#: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Due to your response to the "Student Dependency Status" section on the 2026-2027 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, 2025 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**

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

**CHECK ONE:**

- An unaccompanied homeless youth after July 1, 2025.** This means that, after July 1, 2025, 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, 2025.** This means that after July 1, 2025, 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 \_\_\_\_\_