

## 2025-2026 UNACCOMPANIED HOMELESS YOUTH VERIFICATION FORM

### STUDENT INFORMATION (Please Print)

---

Student's Last Name

Student's First Name

Middle Initial

---

Student ID Number

---

You reported on your Free Application for Federal Student Aid (FAFSA) either that you are an unaccompanied youth who is homeless or are an unaccompanied youth providing for your own living expenses who is at risk of being homeless. To determine your eligibility for financial aid, MATC's Financial Aid Office needs additional information.

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

**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.

**Youth** – means you are 23 years of age or younger or you are still enrolled in high school as of the day you sign your FAFSA.

- ☐ Attach Documentation Verifying Homelessness or Risk of Homelessness: 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. **Print page 3, 2025-26 Unaccompanied Homeless Youth Agency Verification Form and have it completed and signed by a Liaison, Director or Designee as indicated on the form. Submit with this Verification Form**
- ☐ Unable to Obtain Documentation Verifying Homeless. Please submit the following items below:
  - Attach a letter explaining your situation, if you have other circumstances that qualify you as an unaccompanied homeless youth or you are at risk of homelessness and are not able to get documentation from one of the above officials.
  - Attach any documentation in support of your letter.
  - **Please complete and submit page 2, Homeless Youth Certification Request, along with any supporting documentation, with this Verification Form**
- ☐ Not Homeless and Will Provide Parental Information on FAFSA: I am not homeless and do not qualify as an unaccompanied homeless youth or youth at risk of homelessness. **You must correct and resubmit the information on your FAFSA by providing your parent(s)' financial information and signatures.**

### CERTIFICATIONS AND SIGNATURES:

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student must sign and date.

---

Signature

---

Date

**WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both

## HOMELESS YOUTH CERTIFICATION REQUEST

Student ID Number \_\_\_\_\_

Duration of Homelessness: \_\_\_\_\_ to \_\_\_\_\_

1. In which of the following situations did you reside during homelessness:

- ☐ Motel
- ☐ Car
- ☐ Campsite Shelter or other temporary housing program
- ☐ Inadequate housing (insufficient to meet physical and psychological needs)
- ☐ Temporarily living with others because of nowhere else to go.

2. In which of the following situations do you currently reside or would reside if not residing in campus housing:

- ☐ I currently have adequate housing
- ☐ Motel
- ☐ Car
- ☐ Campsite Shelter or other temporary housing program
- ☐ Inadequate housing (insufficient to meet physical and psychological needs)
- ☐ Temporarily living with others because of nowhere else to go.

3. Please check all scenarios that describes your current financial situation:

- ☐ I am self-supporting and receive zero help from others.
- ☐ I am at risk of being homeless due to inadequate fixed income and support.
- ☐ I am not self-supporting and receive adequate assistance/support from family/others.
- ☐ Other

\_\_\_\_\_

---

### FINANCIAL AID OFFICE USE ONLY

- ☐ Status Verified by outside agency qualifies as unaccompanied homeless youth
- ☐ No verification—age 23 and under—determined to be an unaccompanied homeless youth by financial aid office
- ☐ Not eligible—must provide parental data

Comments Supporting Decision:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Financial Aid Office: 700 West State Street, Room S115 ■ Milwaukee, WI 53233-1443 ■ Phone: 414-297-6282 ■ Fax: 414-297-6466

[matc.edu](http://matc.edu) [finaid@matc.edu](mailto:finaid@matc.edu)

## 2025-2026 UNACCOMPANIED HOMELESS YOUTH VERIFICATION FORM

\_\_\_\_\_  
Student's Last Name                      Student's First Name                      Middle Initial                      Student ID Number

This form must be completed by a Liaison, Director or Designee as listed below.

I am a (check one):

- ☐ McKinney-Vento School District Homeless Liaison (Contact your school district for contact information on this person)
- ☐ Director or designee of a U.S. Department of Housing and Urban Development (HUD) funded emergency shelter or transitional housing program, or
- ☐ 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 indicated above, verify that \_\_\_\_\_ was:  
Student's Last Name

Check one:

- ☐ An unaccompanied homeless youth after July 1, 2024. This means that after July 1, 2024, the above-named 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, the above-named student 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.

As 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 Administrator is necessary.

Please provide your contact information below to verify or if we need to request additional information regarding this student.

Print Name of Liaison, Director, or Designee	Title
Place of Employment	Work Phone Number
Address of Employment	

### CERTIFICATIONS AND SIGNATURES:

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student must sign and date.

\_\_\_\_\_  
Liaison, Director, or Designee Signature (Required)                      Date

**WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both