



UNACCOMPANIED YOUTH FORM

Student Name: _____ **Student ID:** **S** _____

Phone Number: _____ **CCD Email:** _____ **@student.cccs.edu**

Note: All requests and information (including information about financial aid awards) will be emailed to your CCD Email Account.

For instructions on activating your account, please visit www.ccd.edu/finaid or contact our office at 303-556-5503.

Your status for financial aid as an Independent student is based solely on your answer to either question(s) #58, 59 or 60 on the **2009-2010 FAFSA** which have to do with being an unaccompanied youth and homeless on or after July 1, 2008. Your personal situation must be verified and reviewed.

Please follow these instructions:

1. The section below must be completed by one of the 3 individuals listed. You (the student) will choose the appropriate individual based on your situation.
2. **You, the student**, must complete the reverse side of form (page 2), sign and return for review. ----->

This Section to be completed by a Liaison, Director or Designee who is verifying the student's status.

I AM THE:

- 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) emergency shelter or transitional housing program**
- Director or Designee of a runaway or homeless youth basic center or transitional living program funded by the Runaway and Homeless Youth Act**

I, the Liaison, Director or Designee above, verify _____ **(Print Student's name)**
was:

CHECK ONE:

- An unaccompanied homeless youth (under 21) after July 1, 2008.** This means that, after July 1, 2008, 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 (under 21) at risk of homelessness after July 1, 2008.** This means, after July 1, 2008, this 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. Please use my contact information below to verify or for additional information.

Printed Name of liaison, director or designee checked above Title

Place of employment (_____) Work phone number

Employment Address City State Zip Code

Signature of Liaison, Director or Designee Date



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_____ **S** _____
Print Student's Name **Student ID**

STUDENT: Please outline below how you meet basic living expenses:

List Your Sources of Income below (wages, welfare, food stamps, unemployment, money paid on your behalf, other support, etc.)	Monthly Amount You Receive	Monthly Expenses	Total cost of Monthly Expenses
	\$	Rent	\$
	\$	Food	\$
	\$	Transportation	\$
	\$	Miscellaneous or Other	\$

By signing this document, I am certifying the information reported on **BOTH SIDES** is complete and correct to the best of my knowledge.

In addition, I hereby authorize the individual who signed on the reverse side to discuss my situation in regard to this application for Financial Aid with the CCD Financial Aid Office and staff.

 Student Signature Date

WARNING: if you purposefully provide false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.