

MiraCosta College Financial Aid Office  
**FINANCIAL AID VERIFICATION OF HOMELESS UNACCOMPANIED YOUTH**

**SECTION I (Instructions)**

Based on the information you provided on the 2016-17 FAFSA, our office requires confirmation of your homeless unaccompanied youth status, if this is the only criterion which makes a student Independent. This form has been provided to enable students to demonstrate their independent status for financial aid purposes. Acceptable documentation, in lieu of this form, would be a signed letter (on letterhead) by any of the certifying officials listed in Section III.

**SECTION II (To be completed by Student)**

\_\_\_\_\_  
Last Name                      First Name                      M.I.                      Student ID

\_\_\_\_\_  
E-mail Address (If applicable)                      Phone Number (if applicable)

I hereby authorize the certifying official at \_\_\_\_\_ to release information regarding my homeless status (as of July 1, 2015 or later) to the MiraCosta College Financial Aid Office.

\_\_\_\_\_  
Student Signature                      Date

**SECTION III (To be completed by Certifying Official)**

The student above may be eligible for financial aid as an independent student. When validation is complete, please return the form to the MiraCosta College Financial Aid Office #3A, 1 Barnard Drive, Oceanside, CA 92056. Please **check** only one option and sign below.

- Student was determined to be an unaccompanied youth who was homeless (on or after July 1, 2015) **by a high school or high school district homeless liaison.**
- Student was determined to be an unaccompanied youth who was homeless (on or after July 1, 2015) **by the director/coordinator of an emergency shelter or transitional housing program funded by the U.S. department of Housing and Urban Development.**
- Student was determined to be an unaccompanied youth who was homeless or at risk of being homeless (on or after July 1, 2015) **by the director/coordinator of a runaway or homeless youth basic center or transitional living program.**

\_\_\_\_\_  
Print Name of Certifying Official                      Phone Number                      Date

\_\_\_\_\_  
Signature of Certifying Official                      E-mail Address

\_\_\_\_\_  
Title of Certifying Official



FA VERIF



YR 16-17



HOMELESS YOUTH