

2024-2025 UNACCOMPANIED HOMELESS YOUTH VERIFICATION

Submit this form in person or mail, electronically, or by fax: Financial Aid Office, Everett Community College, 2000 Tower Street, Everett, WA, 98201 via Document Submission Form • Fax (425) 388-9185

STUDENT INFORMATION

First name _		Middle namectcLink ID Number	
Last name _			
BACKGRO	OUND INFORMATION		
Application for	for State Financial Aid (WASFA), you ar	tion for Federal Student Aid (FAFSA) or Washington aswered "Yes" to one of the unaccompanied homeless ovide supporting documentation to the Financial Aid Office	
motels UnaccYouththe da	neless meaning lacking fixed, regular and els or cars, or temporarily living with othe ccompanied meaning you are not living	d adequate housing, which includes living in shelters, er people because you had nowhere else to go. in the physical custody of your parent or guardian. ounger or you are still enrolled in high school as of ion.	
the ap		d homeless youth by an authorized official, please select de documentation by submitting page 3 of this	
	A high school or school district home	less liaison or their designee	
	A HUD (U.S. Dept of Housing & Urba	UD (U.S. Dept of Housing & Urban Development) funded program	
	A director (or their designee) of an emergency or transitional shelter, street outreach program, homeless youth drop-in center, or other program serving individuals who are experiencing homelessness		
	A director of TRIO or GEAR UP prog	ram or their designee	
	A financial aid administrator at anothe current or prior award year	er institution who previously made a determination in the	

If you selected a box above, you must also provide a copy of page 3 completed and signed by the authorized official *or* other signed documentation provided by said authorized official. **If supporting documentation is not submitted, this form will be incomplete.**

•	r living situation cannot bring definition?	e verified by the above official	als, does your living situation meet the
			adequate housing, which includes living in the her people "couch surfing" because I have
	Yes 1	No	
•		ide a detailed statement of yo d, this form will be incomple	our current living situation in addition to this ete.
STUDENT	CERTIFICATION		
to provide prod denial, reduction	of of the information reporte on, withdrawal, and/or repa	d on this form. False statements yment of financial aid. I give perr	lete, and accurate. Upon request, I agree s or misrepresentation can be cause for mission to the Financial Aid Office to make forms and/or documents submitted.
Student Sigr	nature		 Date

Everett Community College does not discriminate based on, but not limited to, race, color, national origin, citizenship, ethnicity, language, culture, age, sex, gender identity or expression, sexual orientation, pregnancy or parental status, marital status, actual or perceived disability, use of service animal, economic status, military or veteran status, spirituality or religion, or genetic information in its programs, activities, or employment. Contact the following people with inquiries or complaints regarding discrimination, Title IX compliance, or Americans with Disabilities Act compliance: Equal Opportunity Director: EqualOpportunity@everettcc.edu, 425-388-9271; ADA Coordinator: ADAcoordinator@everettcc.edu, 425-388-9232; Title IX Coordinator: TitleIXCoordinator@everettcc.edu, 425-388-9271. All offices are located in Olympus Hall 111, 2000 Tower St. Everett, WA 98201. For more information, visit the Equal Opportunity and Title IX website: EverettCC.edu/EqualOpportunity

SECTION TO BE COMPLETED BY AUTHORIZED OFFICIAL ONLY

CONTACT INFORMATION FOR CERTIFYING OFFICIAL Name Phone _____ Mailing Address City _____ State ____ Zip ____ I am providing this letter of verification as a (check one): ☐ McKinney-Vento School District Liaison or their designee ☐ Director or designee of a HUD-funded shelter (HUD—U.S. Dept of Housing & Urban Development) ☐ Director or designee of a RHYA-funded shelter (RHYA—Runaway & Homeless Youth Act) ☐ Director or designee of an emergency or transitional shelter (not HUD-funded), street outreach program, homeless youth drop-in center, or other program serving individuals who are experiencing homelessness □ Director of TRIO or GEAR UP program or their designee Financial Aid Administrator at another institution who made a determination in the same or prior year This letter is to confirm that _____ was (please check one below): An unaccompanied homeless youth on or after July 1, 2023. Living in a home situation, as defined by Section 725 of the McKinney-Vento Act, and was not in the physical custody of a parent or guardian, on or after July 1, 2023. An unaccompanied, self-supporting youth at risk of homeless on or after July 1, 2023. ☐ This means that, on or after July 1, 2023, the student was not in the physical custody of a parent or guardian, provides for their own living expenses entirely on their own, and is at risk of losing their housing. **AUTHORIZED OFFICIAL CERTIFICATION** 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. Should you have additional questions or need more information about this student, please contact me at the number listed above. Signature Date

Everett Community College does not discriminate based on, but not limited to, race, color, national origin, citizenship, ethnicity, language, culture, age, sex, gender identity or expression, sexual orientation, pregnancy or parental status, marital status, actual or perceived disability, use of service animal, economic status, military or veteran status, spirituality or religion, or genetic information in its programs, activities, or employment. Contact the following people with inquiries or complaints regarding discrimination, Title IX compliance, or Americans with Disabilities Act compliance: Equal Opportunity Director: EqualOpportunity@everettcc.edu, 425-388-9271; ADA Coordinator: ADAcoordinator@everettcc.edu, 425-388-9232; Title IX Coordinator: TitleIXCoordinator@everettcc.edu, 425-388-9271. All offices are located in Olympus Hall 111, 2000 Tower St. Everett, WA 98201. For more information, visit the Equal Opportunity and Title IX website: EverettCC.edu/EqualOpportunity