



\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
LACCD Student ID

When you completed your LACCD admissions application and/or your Free Application for Federal Student Aid (FAFSA) and/or the California Dream Act Application, you indicated you had experienced or are experiencing housing insecurity. If you would like to receive enrollment priority and a California College Promise Grant, please complete and submit this verification form to the Financial Aid Office with the certification from the appropriate agency verifying your homeless status.

**Definition:**

- “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.
- “Unaccompanied youth” means you are under 25 years of age and you are not living in the physical custody of your parent or guardian.

**SECTION I**

Were you determined to be an unaccompanied youth experiencing homelessness by:

- A high school or school district homeless liaison?  **YES**  **NO**
- A director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development (HUD)?  **YES**  **NO**
- A director of a runaway or homeless youth basic center or transitional living program?  
 **YES**  **NO**

If you marked **YES** to any of the three questions above, please take this form to an appropriate certifying official who can verify your living situation and have them complete Section III then return this form to the Financial Aid Office.

If you answered **NO** to all three questions above, go to Section II.

**SECTION II**

If your living situation cannot be verified by the above agencies, does your living situation meet the following definition?

I am an unaccompanied youth (under age 25) experiencing housing insecurity or at risk of being homeless, meaning lacking in fixed, regular or adequate housing, which includes living in shelters, motels, or cars or temporarily living with other people (“couch surfing”) because I have nowhere else to go.

**Yes**  **No**

If you answer **YES** to the statement above, you must make an appointment with the Financial Aid Administrator. In addition, you must submit a typed, detailed statement regarding your current living situation along with this form when you meet with the Financial Aid Director.



\_\_\_\_\_  
 Last Name

\_\_\_\_\_  
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\_\_\_\_\_  
 Middle Initial

\_\_\_\_\_  
 LACCD Student ID

**SECTION III: To be completed by Certifying Official**

Contact information for certifying official:

Please indicate mailing address & phone for the student:

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City, State, ZIP

\_\_\_\_\_  
 City, State, ZIP

\_\_\_\_\_  
 Phone number

I am providing this letter of verification as a (check one):

- A McKinney-Vento School District Liaison
- A director or designee of a HUD-funded shelter (U.S. Department of Housing & Urban Development)
- A director or designee of a RHYA-funded shelter (RHYA - Runaway & Homeless Youth Act)

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.

I confirm that the above name student was (please check one below):

- An unaccompanied homeless youth on or after \_\_\_\_\_.  
 This means that the student was 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.
- An unaccompanied, self-supporting youth at risk of being homeless on or after \_\_\_\_\_.  
 This means that the 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.

\_\_\_\_\_  
 Signature of Certifying Official

\_\_\_\_\_  
 Date

**STUDENT CERTIFICATION:** I certify that all information on this form is true, complete, and accurate. Upon request, I agree to provide proof of the information reported on this form. False statements or misrepresentation can be cause for denial, reduction, withdrawal, and/or repayment of financial aid. I give permission to the Financial Aid Office to make corrections/adjustments to data on my FAFSA and/or Dream Act Application based on forms and/or documents submitted.

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date