

2026 - 2027 Confirmation Unaccompanied or Homeless Youth Status

Student's Name: _____ **USC ID:** _____

You indicated on your FAFSA that you are an independent student who will not provide parental data because you have been determined to be an unaccompanied youth who is homeless or self-supporting or at risk of being homeless at any time on or after July 1, 2025. Confirm your status by checking the statement below that matches your situation then provide the requested signatures.

If you answered this question incorrectly on your FAFSA, you do not need to complete this form. Instead, log in to your FAFSA and correct your answer. You may need to provide your parent(s) information.

	<p>This determination was made by a local educational agency homeless liaison (or designee), as designated by the McKinney-Vento Homeless Assistance Act.</p> <p>High school or school district homeless liaison's signature: _____ Date: _____</p> <p>Print name of high school or school district: _____ Phone number: _____</p>
	<p>This determination was made by the director (or designee) of an emergency or transitional shelter, street outreach program, homeless youth drop-in center, or other program serving individuals who are experiencing homelessness.</p> <p>Director or designee's signature: _____ Date: _____</p> <p>Print name of emergency shelter: _____ Phone number: _____</p>
	<p>This determination was made by the director (or designee) of a Federal TRIO program or Gaining Early Awareness and Readiness for Undergraduate Program (GEAR) grant.</p> <p>Director or designee's signature: _____ Date: _____</p> <p>Print name of program: _____ Phone number: _____</p>
	<p>The above determination was made by a financial aid administrator at another institution who documented the student's circumstance in the same (2026-27) or prior (2025-26) award year.</p> <p>Financial Aid Administrator's signature: _____ Date: _____</p> <p>Print name of institution: _____ Phone number: _____</p>
	<p>I am an unaccompanied youth who is homeless or self-supporting, or at risk of being homeless, but this has not been determined by one of the organizations above. Contact your Financial Aid Office for help.</p>

With my signature, I certify that all the information reported on this form is complete and correct. I understand that my financial aid will be terminated if I fail to submit requested documents or knowingly provide false information on any required financial aid document. I give permission to the Financial Aid Office to update my FAFSA based on the information I have provided. I understand that submission of this form does not guarantee an offer of financial aid. **WARNING:** If you purposely give false or misleading information, you may be fined, sentenced to prison, or both.

Student's Signature: _____ **Date:** _____