



**2025-26 Confirmation Unaccompanied or Homeless Youth Status**

**Student's Name:** \_\_\_\_\_ **USC ID:** \_\_\_\_\_

On your FAFSA, you indicated that you are an independent student who will not provide parental data because at any time on or after July 1, 2024, you have been determined to be an unaccompanied youth who is homeless or self-supporting and at risk of being homeless. To allow our office to determine your financial aid eligibility, confirm your status by answering the questions below and providing any signature or documentation that we may request.

	I am <b>NOT</b> an unaccompanied homeless youth or self-supporting and at risk of being homeless. (You do not need to complete this form. Please update your FAFSA or speak with a counselor at your Financial Aid Office.)	
	The above determination was made by a local educational agency homeless liaison (or designee), as designated by the McKinney-Vento Homeless Assistance Act.	
	_____	_____
	High School or School District Homeless Liaison's Signature	Date
	_____	_____
	Name of High School or School District	Phone number
	The above 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.	
	_____	_____
	Director or Designee's Signature	Date
	_____	_____
	Name of Emergency Shelter	Phone number
	The above determination was made by the director (or designee) of a Federal TRIO program or Gaining Early Awareness and Readiness for Undergraduate Program (GEAR) grant.	
	_____	_____
	Director or Designee's Signature	Date
	_____	_____
	Name of Program	Phone number
	The above determination was made by a financial aid administrator at another institution who documented the student's circumstance in the same (2025-26) or prior (2024-25) award year.	
	_____	_____
	Financial Aid Administrator's Signature	Date
	_____	_____
	Name of Institution	Phone number
	I am an unaccompanied youth who is homeless or self-supporting and at risk of being homeless, but this has <b>NOT</b> been determined by one of the organizations above. Contact your Financial Aid Office for assistance.	

By signing below, I certify that all of the information reported is complete and correct. **WARNING:** if you purposely give false or misleading information, you may be fined, sent to prison, or both.

**Student's Signature (Required):** \_\_\_\_\_ **Date:** \_\_\_\_\_