



Unaccompanied Homeless Youth Verification Form | 2024-2025

First Name: _____ Last Name: _____ LMC Student ID: _____
LMC Email: _____

Homelessness is defined as:

- Lacking fixed, regular and adequate housing, which includes living in shelters, motels, cars, or temporarily living with other people.
- Unaccompanied means you are not living in the physical custody of your parent or guardian.

A student is independent if at any time on or after July 1, 2023 (irrespective of whether he or she is currently homeless or at risk), the student is determined to be an unaccompanied youth who is homeless or is self-supporting and at risk of being homeless. Any student under the age of 24 may qualify for a homeless youth determination. This determination can be made by, and must be substantiated by one of the following:

- A school district homeless liaison
- The director (or designee) of an emergency shelter or transitional shelter, street outreach program, homeless youth drop-in center, or other program serving those experiencing homelessness
- The director or designee of a project supported by a federal TRIO program or a Gaining Early Awareness and Readiness for Undergraduate Programs (GEAR UP) grant
- College Financial Aid Administrator (with a scheduled interview and supporting documentation)

If an applicant believes that he or she is homeless or at risk of being homeless he/she should answer "yes" to the unaccompanied and homeless question on the 24-25 FASFA. **The Financial Aid Office is required to follow up on this designation and to make a homeless youth determination.** If written documentation to support the applicant's claim of homelessness is not available, the Financial Aid Office's determination may be made based on a documented interview with the applicant and supporting documentation from a recognized third party. Documentation that may be considered in making this determination includes, but is not limited to, information collected from the following:

- Local school district personnel
- State homeless education coordinators
- Third parties such as private or publicly funded homeless shelters and service providers
- Financial aid administrators from other colleges
- Staff from college access programs, such as TRIO or GEAR UP
- College or high school counselors
- Mental health professionals, social workers, mentors, doctors, and clergy

You must return this form in one of the following ways*:

**Forms are accepted either in paper, faxed scans or pdf only. Any submission of this form outside these formats, including web links and word documents, are not accepted. Submission of this form without a hand signed signature will not be accepted.*

Print and mail/Return in-person to:

Financial Aid Office
2755 E. Napier Ave.
Benton Harbor, MI 49022

FAX to:

(269) 927-8183

Scan and email to:

faforms@lakemichigancollege.edu

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 considered a cause for denial, reduction, withdrawal, and/or repayment of financial aid. I give permission to the Financial Aid Office to make corrections/adjustments to my data on the FAFSA based on forms and/or documents submitted.

Student Signature: _____ Date: _____

I am a homeless youth as determined by:

(Please CHECK ONE of the following qualifying circumstances and provide all information requested.)

☐ High School

I am an Unaccompanied Youth who was determined homeless or at risk of being homeless by a high school or school district homeless liaison.

Required Documentation (Either of the following):

- A copy of the letter determining your homeless status on high school/school district letterhead with hand signed, official signature from your McKinney-Vento School District Liaison
- Completed and hand signed Certifying Official Form, attached in the following documents

☐ Director/Designee of an emergency or transitional shelter, street outreach program, homeless youth drop-in center, or other program serving those experiencing homelessness

I am an Unaccompanied Youth who was determined homeless or at risk of being homeless by the one or more of the above identified individuals.

Required Documentation (Either of the following):

- A copy of the letter determining your homeless status on official letterhead with the certifying official's signature
- Completed and hand signed Certifying Official Form, attached in the following documents

☐ TRIO or GEAR UP Grant Administrator

I am an Unaccompanied Youth who was determined homeless or at risk of being homeless by a director or designee of a project supported by a federal TRIO program or a Gaining Early Awareness and Readiness for Undergraduate Programs (GEAR UP) grant.

Required Documentation (Either of the following):

- A copy of the letter determining your homeless status on official letterhead with the certifying official's signature
- Completed and hand signed Certifying Official Form, attached in the following documents

☐ Undetermined Homeless Status

I am an Unaccompanied Youth who was not verified as homeless or at risk of being homeless by a certifying official or agency.

My living situation lacks fixed, regular and/or adequate housing which includes the following scenarios* (Please choose one of the following):

- ☐ Living in substandard housing without water and/or electricity
- ☐ Living in shelters, motels, cars
- ☐ Living in campgrounds, parks, abandoned buildings, bus or train stations, other private or public places not designed for humans to live
- ☐ Living with other people temporarily/"couch surfing"
- ☐ Living in school dormitory (I would have no other place to live and would be homeless without school housing)

**A student living in any of these situations and fleeing an abusive parent may be considered homeless even if the parent would provide support and a place to live.*

Required Documentation:

- A letter detailing your current living situation.
- Completed Affidavit attached to this document from the person the student is living with and/or whom supports the student, if applicable.
- Letters from an objective third party that both explains and confirms your homeless status.



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THIS SECTION TO BE COMPLETED BY CERTIFYING OFFICIAL ONLY

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Contact Information for Certifying Official

Name: _____ Phone Number: _____

Organization Mailing Address: _____

City: _____ State: _____ Zip: _____

I am providing this letter of verification as (check one below) an authorized certifying official on behalf of:

(Name of Organization)

- ☐ A school district homeless liaison
- ☐ McKinney-Vento School District Liaison
- ☐ Director or designee of a HUD-funded shelter
- ☐ The director (or designee) of an emergency shelter or transitional shelter, street outreach program, homeless youth drop-in center, or other program serving those experiencing homelessness
- ☐ The director or designee of a project supported by a federal TRIO program or a Gaining Early Awareness and Readiness for Undergraduate Programs (GEAR UP) grant

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 phone number listed above.

This letter is to confirm that _____ was (check one below):

(Student Name)

- ☐ An unaccompanied homeless youth on or after July 1, 2023.
- ☐ An unaccompanied, self-supporting youth at risk of homelessness 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.

Signature: _____ Date: _____



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Affidavit for Undetermined Homeless Status

*To be completed by person that the student lives with and/or provides support. *Forms are accepted either in paper, faxed scans or pdf only. Any submission of this form outside these formats, including web links and word documents, are not accepted. Submission of this form without a hand signed signature will not be accepted.*

Student Name: _____

The student above has indicated that he/she is unable to provide parent information due to unusual circumstances. Please complete this form and return it to the Financial Aid Office at Lake Michigan College.

1. What is your relationship to the student? _____

2. How long have you known the student? _____

3. When is the last date you are aware that the student:

a) Received financial support from parent(s): _____

b) Lived with a parent(s): _____

4. a) What is your knowledge of the student's family history and the relationship between the student and parent(s)?

b) Why is the student unable to obtain his/her parental information for financial aid purposes?

c) Who provides support for the student?

Your Printed Name: _____ Phone Number: _____

Your Relationship to Student: _____ Your Email: _____

Signature: _____ Date: _____

By filling out and signing this Affidavit for Undetermined Homeless Status, I hereby certify that the above information contained in these statements is true, complete, and accurate.