



Financial Aid Office
 1860 Lincoln Street
 6th Floor
 Denver, CO 80203
 Phone: 720-423-4700
 Financial.Aid@emilygriffith.edu
 EmilyGriffith.edu

2025-2026 Unaccompanied Youth

Student Name (Print): _____ Student ID#: _____

Email: _____ Phone Number: _____

Due to your response to the "Student Dependency Status" section on the 2025-2026 FAFSA you are an Independent Student. Verification that you were an unaccompanied youth who was homeless or self-sufficient and at the risk of being homeless on or after July 1, 2024 is required.

The section below must be completed by ONE of the 4 individuals listed. You will choose the appropriate individual based on your situation.

I AM THE:

- McKinney-Vento School District Homeless Liaison**
(Students: contact your school district for contact information on this person)
- Director or Designee of a U.S. Department of Housing and Urban Development (HUD) emergency shelter or transitional housing program**
- Director or Designee of a Federal TRIO program or a Gaining Early Awareness and Readiness for Undergraduate program (GEAR UP) grant.**
- Financial Aid Administrator at another institution who previously documented the student's circumstance**

I, the Liaison, Director or Designee above, verify _____ (print student name) was:

CHECK ONE:

- An unaccompanied homeless youth after July 1, 2024.** This means that, after July 1, 2024, this student was living in a homeless 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 homelessness after July 1, 2024.** This means that after July 1, 2024, this student was not in the physical custody of a parent or guardian, the student provides for his/her own living expenses entirely, and is at risk of losing his/her housing.

As per the College Cost Reduction and Access Act (Public Law 110-84), I am authorized to verify this student's living situation. Please use my contact information below to verify this statement or for additional information.

 Printed Name of Liaison, Director or Designee Title

 Employer (_____) Work Phone Number

 Employment Address City State Zip Code

 Signature of Liaison, Director or Designee Date

By signing this form, I certify that all the information reported on this form is complete, true, and accurate. I understand that purposely providing false or misleading information could result in criminal prosecution, prison sentence, and/or a fine pursuant to U.S. Criminal Code and Colorado Criminal Code. I affirm that I have read, understand, and agree to this form in its entirety.

 Student Signature

 Date