CENTRAL PIEDMONT
COMMUNITY COLLEGE

Unaccompanied Homeless Youth Verification (2025-26)

Warning: According to the U.S. Department of Education, if you purposely give false or misleading information, you may be subject to a fine of up to $20,000, imprisonment for up to five years, or both.

Student Information (Please Print)

Last Name: First Name:

Middle Initial: Student Email Address:

Student ID Number:

Street Address
(Include Apartment Number):

City: State: Zip Code:

Phone Number (Include Area Code):

You reported on your financial aid application that you are an unaccompanied youth who is homeless or you are an unaccompanied youth providing for your own living expenses who is at risk of being homeless as of July 1, 2024. Please complete this form by selecting one of the following statuses, sign, submit with required documentation.

Homeless Youth Verification Statuses

- **Unaccompanied Youth**: means you are not living in the physical custody of your parent or guardian.
- **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.
- **Youth**: means you are 23 years of age or younger or you are still enrolled in high school as of the day you sign your financial aid application.

☐ Attaching documentation verifying homelessness or risk of homelessness: By selecting this, you declare that you are able to provide verification of your status as an unaccompanied youth who is a homeless child or youth defined in the McKinney-Vento Homeless Assistance Act. Please have the attached Homeless

Youth Agency Verification Form completed and signed by a liaison, director or designee as indicated on the form.

☐ Unable to obtain McKinney-Vento documentation: 23 years of age or younger at the time your financial aid application was signed: Attach a letter explaining your situation if you have other circumstances that qualify you as an unaccompanied homeless youth or at risk of homelessness and are not able to get documentation from a liaison, director or designee. Attach any information you may have in support of your statements. Please complete the Homeless Youth Certification Request.

☐ Not homeless and will provide parental information on my financial aid application: I am not homeless and do not qualify as an unaccompanied homeless youth or at risk of homelessness. You must correct the information on the Free Application for Federal Student Aid (FAFSA) by providing your parental information. You and one parent will need to sign the corrected FAFSA and submit the correction online.

CENTRAL PIEDMONT
COMMUNITY COLLEGE

Homeless Youth Certification Request

1. Date of homelessness: ☐
2. Duration of homelessness: ☐
3. In which of the following situations did you reside during homelessness:

☐ Motel
☐ Shelter or other temporary housing program
☐ Car
☐ Inadequate housing (insufficient to meet physical needs)
☐ Campsite
☐ Friend's house

4. In which of the following situations do you currently reside?

☐ I currently have adequate housing
☐ Motel
☐ Shelter or other temporary housing program
☐ Car
☐ Inadequate housing (insufficient to meet physical needs)
☐ Campsite
☐ Friend's house

CENTRAL PIEDMONT
COMMUNITY COLLEGE

5. Please select all scenarios that describes your current financial situation:

☐ I am self-supporting and receive zero help from others

☐ I am at risk of being homeless due to inadequate fixed income and support

☐ I am not self-supporting and receive adequate assistance/support from family/others

☐ Other

Certification and Signature

Please provide your signature. By providing your signature, you are certifying that all of the information on this form is complete and correct. You are also authorizing Central Piedmont Community College to make corrections to your original and/or subsequent applications based on the documents you are now submitting.

Student Signature: _____ Date:_____

2025-2026 Unaccompanied Homeless Youth Agency Verification Section

Verifier's Information

Select the following designation that indicates your authority to authorize the student's status and list your name, telephone number, and other contact information.

- ☐ McKinney-Vento School District Liaison:
- ☐ Director or designee of a HUD-funded emergency shelter or transitional housing program:
- ☐ Director or designee of a RHYA runaway or homeless youth basic center or transitional living program:

Certification

As per the College Cost Reduction and Access Act (Public Law 110-84), I was authorized to verify this student's living situation. No further verification by a Financial Aid Administrator is necessary. Should you have additional questions or need more information about this student, please contact Central Piedmont Community College's Financial Aid Office at 704.330.6942.

CENTRAL PIEDMONT
COMMUNITY COLLEGE

Please check the appropriate box from the following that describes the student's living situation on or after July 1, 2024 and provide your signature.

☐ an unaccompanied homeless after July 1, 2024.

This means that, after July 1, 2024, the 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.

Date of determination: ☐

☐ an unaccompanied, self-supporting youth at risk of homelessness after July 1, 2024.

This means that, after July 1, 2024, the student was not in the physical custody of a parent or guardian, and the student provided for his/her own living expenses entirely on his/her own, and was at risk of losing his/her housing.

Date of determination: ☐

Verifier's Printed Name:_____ Date: _____

Verifiers Authorized Signature:_____

Telephone:_____ Title: _____

Agency: _____

Please attach this form with a letter supporting the independent status of the unaccompanied homeless college student.

Sample Letter Supporting Independent Status of Unaccompanied Homeless College Student

Date

Financial Aid Office/Central Campus Central Piedmont Community College PO Box 35009

Charlotte, NC 28235-5009 To whom it may concern:

I am writing on behalf of STUDENT NAME (DOB: xxx-xxxx) to verify her application as independent in

regard to financial aid status for the xxxx/xxxx school year.

I have known STUDENT for several years as a participant in the Title I Child In Transition/Homeless Project. The Child In Transition/Homeless Project serves children and families who live in shelters, motels, cars, doubled-up with friends or relatives and other transitional living situations including unaccompanied youth.

Beginning in xxxx, as a high school senior, STUDENT assumed independent status when her father

moved out of state leaving her to secure housing and financial support for herself.

For the past year, STUDENT has supported herself as a student at SCHOOL residing in student housing year-round. While most other students returned home during school breaks, STUDENT'S home was the dorm. STUDENT has had no contact with her mother for the past several years and her whereabouts are unknown. Her father is currently living out of state and has not contributed to her support since she was in high school.

Please feel free to contact me at xxx-xxx-xxxx if you have any questions or need further information.

Thank you very much for your help in securing financial aid for this deserving student.

Sincerely,

Name

Title

Program

School /LEA Name