

**SAN DIEGO CITY FINANCIAL AID 1313** Park Blvd. San Diego, CA 92101 619.388.3501 | 619.388.3241 [FAX] cityaid@sdccd.edu [EMAIL]

## 2021-2022 VERIFICATION OF UNACCOMPANIED/HOMELESS YOUTH STATUS (LCAHOM/LCAYHM/LNOHOM/LHYUTH-#B5)

## **SECTION I (Instructions)**

Students who answered 'yes' on their Free Application for Federal Student Aid (FAFSA) to being homeless must submit documentation to the San Diego City College Financial Aid Office, if this is the only criterion which makes a student Independent. This form has been provided to enable students

to demonstrate their independency status for financial aid purposes. Acceptable documentation, in lieu of this form, would also be a signed letter (on letterhead) by any of the certifying officials listed in Section III. **SECTION II** (to be completed by Student) Last Name First Name M.I. Student ID # (10 digit) E-mail Address (if applicable) Phone Number (if applicable) I official hereby authorize the certifying at to release information regarding my homeless status (as of July 1, 2020 or later) to the San Diego City College Financial Aid Office. Student Signature Date SECTION III (to be completed by Certifying Official) The student above may be eligible for financial aid as an independent student. When validation is complete, please return the form to the San Diego City College Financial Aid Office, 1313 Park Blvd San Diego, CA 92101. Please <u>check</u> only one option and sign below. ☐ Student was determined to be an unaccompanied youth who was homeless (on or after July 1, 2021) by a high school or high school district homeless liaison. ☐ Student was determined to be an unaccompanied youth who was homeless (on or after July 1, 2021) by the director/coordinator of an emergency shelter or transitional housing program funded by the U.S. department of Housing and Urban Development. ☐ Student was determined to be an unaccompanied youth who was homeless or at risk of being

homeless (on or after July 1, 2019) by the director/coordinator of a runaway or homeless youth basic center or transitional living program.

Print Name of Certifying Official	Date	Phone Number	
Signature of Certifying Official	E-mail Address		
Title of Certifying Official		SEAL	