FingerLakes COMMUNITY COLLEGE

2026-2027
Academic Year

Homeless or Unaccompanied Youth Verification

Student's Name: _____ Student ID:_____

On your 2026-2027 FAFSA, you reported being an unaccompanied youth who was homeless or at risk of homelessness on or after July 1, 2025. Use this form to verify your independent status for financial aid. Alternatively, you may submit a signed letter on official letterhead from a certifying official listed in Section II. If you cannot provide documentation, please contact the Financial Aid Office at aid@flcc.edu to schedule an appointment for assistance.

SECTION I (TO BE COMPLETED BY THE STUDENT)

I hereby authorize the certifying official at _____ to release information regarding my homeless status (as of July 1, 2025 or later) to the college Financial Aid Office.

Student Signature: _____ Date: _____

SECTION II (TO BE COMPLETED BY AN AUTHORIZED OFFICIAL)

Please check only one option and sign below.

As an authorized individual under CRRA, I confirm that the student was:

- ☐ An unaccompanied homeless youth on or after July 1, 2025, as defined by the FAFSA Simplification Act (Public Law No: 116-260).
- ☐ An unaccompanied, self-supporting youth at risk of homelessness on or after July 1, 2025.

ROLE

- ☐ School district homeless liaison, or designee of the liaison, for (list district)_____
- ☐ Director or a designee of a director 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 a designee of a director of a program funded under TRIO or GEAR UP.
- ☐ A financial aid administrator at another institution who previously made a determination.

CERTIFICATION

Per the College Cost Reduction and Access Act (Public Law 110-84), I am authorized to document this student's living situation and determine their independent student status as an unaccompanied homeless youth or unaccompanied, self-supporting youth at risk of homelessness. By signing below, I acknowledge and confirm that the above information is complete and correct. Purposely giving false or misleading information may result in federal fines, jail sentence, or both.

_____ _____
Authorized Signature Date Title

_____ _____
Print Name of Certifying Official School District (if applicable)

_____ _____
Agency Phone Number

OnBase: Verification CRI: 26FSCHMV