



2025-2026 Verification of Independent Status

Student's Name _____ Student ID: _____

You indicated on the Free Application for Federal Student Aid that it was determined that you were an unaccompanied youth who was homeless or at risk of homelessness for a period of time on or after July 1, 2024. Please verify the information below and have the form certified by the appropriate official. If none of these situations apply to you please contact your local CCV Financial Aid Counselor.

At any time on or after July 1, 2024, were you unaccompanied and either (1) homeless or (2) self-supporting and at risk of being homeless? Yes No

If the answer is "Yes", did any of the following determine you were homeless or at risk of becoming homeless? Select all that apply.

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

The student's high school or school district homeless liaison or designee.

Director or designee of a project supported by a federal TRIO or GEAR UP program grant.

Financial aid administrator (FAA)

Student Signature _____ Date _____

Official's Certification

This section is to be completed by the director or designee of an emergency shelter or program serving those experiencing homelessness, the high school or school district homeless liaison or designee, the director or designee of a project supported by a federal TRIO or GEAR UP program grant, or a financial aid administrator.

By signing this Verification Form, I certify that all the information reported on it is complete and correct.

Certifying Official's Signature _____ Date _____

Printed Name _____ Title _____

Employer _____
Telephone _____
Address _____
City, State, Zip _____