Financial Aid Services

Academic Year 2023-2024 Fax: 413-545-1700 Phone: 413-545-0801



Unaccompanied Homeless Youth Determination Form

For the Purpose of Applying for Financial Aid

Student's Name (Last, First MI):	UMass SPIRE ID:
Current Mailing address:	Telephone Number: ()
Box 2, sign the certification below, attach required docum	companied self-supporting youth at risk of homelessness, complete Box 1 or nentation and submit to Financial Aid Services. If you are unsure if your living of homelessness or determination was made prior to July 1, 2022, contact us at
BOX 1 - To be completed b	y the person providing the determination
	s considered to meet the requirements to be an unaccompanied homeless aid. This means that after July 1, 2022, the student was: $\sqrt{\text{Check one}}$
☐ An unaccompanied homeless youth - The student was McKinney-Vento Act, and was not in the physical of	was living in a homeless situation, as defined by Section 725 of the custody of a parent or guardian.
	of homelessness - The student is not in the physical custody of a parent or entirely on his/her own, and is at risk of losing his/her housing.
I am completing this form of determination a	as a (√ Check one):
$\hfill \square$ McKinney-Vento School District Liaison	
☐ Director or designee of a RHYA-funded shelter	☐ Other: Director or designee of homeless shelter or educational agency
Name/Title (please print):	Signature
Organization/School Name:	
Address:	
City: State: Zi	p Code: Telephone#: ()
	84), I am authorized to verify this student's living situation. No further verification by the anal questions or need more information about this student, please contact me at the number
you are an unaccompanied youth who is homeless	BOX 2 ement if you do not have a determination as described in Box 1, but or are an unaccompanied youth providing for your own expenses
This letter should include details as to how the person the situation. This could be from a high school counse	ndependent source who can attest first-hand to the extenuating circumstances in knows you, how they have been involved and/or have first-hand knowledge of elor, mental health professional, social worker, mentor, doctor, or clergy. If you arce, a detailed personal statement is acceptable when used in addition to
current living/housing situation.	ndependent student, attach an updated personal statement that describes you
Certification	
By signing this form, you are certifying that all informa	ation being reported here and all supporting documentation you are submitting isleading information on this form you may be fined, be sentenced to jail, or bo
Student Signature:	Date:
For completed form to: 412 EAE 1700 or	

Fax completed form to: **413-545-1700** or

Secure Document Upload at: umass.edu/financialaid/upload

