



University of Massachusetts Amherst
Financial Aid Services
 Academic Year 2024-2025
 Fax: 413-545-1700
 Phone: 413-545-0801

Unaccompanied Homeless Youth Determination Form

For the Purpose of Applying for Financial Aid

Name: _____

UMass SPIRE ID: _____

Mailing address: _____ Telephone Number: _____

(Address where you can reliably receive mail)

If you are an unaccompanied homeless youth, or an unaccompanied self-supporting youth at risk of homelessness, complete **Box 1** or **Box 2**, sign the certification below, attach required documentation and submit to Financial Aid Services. If you are unsure if your living situation meets the definition of homelessness or at risk of homelessness or determination was made prior to July 1, 2023, contact us at 413-545-0801. **Returning students, please confirm your continued status below.**

BOX 1 - To be completed by the person providing the determination

This form is to confirm that the above named student is considered to meet the requirements to be an unaccompanied homeless youth for the purpose of applying for Federal financial aid. This means that after July 1, 2023, the student was: **✓ Check one**

- An unaccompanied homeless youth - The student was living in a homeless situation, as defined by Section 725 of the McKinney-Vento Homeless Assistant Act, and was not in the physical custody of a parent or guardian.
- An unaccompanied, self supporting youth at risk of homelessness - The student is not in the physical custody of a parent or guardian, provides for their own living expenses entirely on their own, and is at risk of losing their housing.

I am completing this form of determination as a (✓ Check one):

- McKinney-Vento School District Liaison
- Director or designee of a HUD-funded shelter
- Director or designee of a RHYA-funded shelter
- Other: Director or designee of homeless shelter or educational agency

Please print

Name/Title: _____ Organization/School Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Email: _____ Signature _____ Telephone#: _____

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

BOX 2

Complete this section and provide a personal statement if you do not have a determination as described in Box 1, but you are an unaccompanied youth who is homeless or are an unaccompanied youth providing for your own expenses and at risk of being homeless.

- Check here and submit a letter of reference from an independent source who can attest first-hand to the extenuating circumstances. This letter should include details as to how the person knows you, how they have been involved and/or have first-hand knowledge of the situation. This could be from a high school counselor, mental health professional, social worker, mentor, doctor, or clergy. The letter must be signed and on letterhead with complete address information from the provider. If you are unable to obtain a letter from an independent source, a detailed personal statement is acceptable when used in addition to meeting with a UMass Financial Aid counselor.

Please upload personal statement and letter of reference to umass.edu/financialaid/upload

RETURNING STUDENTS

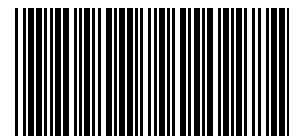
- I certify that my current circumstances remain unchanged from the determination made in the 2023-2024 academic year.

Certification

By signing this form, you are certifying that all information being reported here and all supporting documentation you are submitting is complete and correct. If you purposely give false or misleading information on this form you may be fined, be sentenced to jail, or both.

Student Signature: _____ Date: _____

Fax completed form to: **413-545-1700** or
 Secure Document Upload at: **umass.edu/financialaid/upload**



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