

2020-2021  
Unaccompanied Homeless Youth  
Determination Form  
For the Purpose of Applying for Financial Aid



**Financial Aid Services**  
243 Whitmore Administration Building  
181 Presidents Drive

Phone: 413-545-0801 Fax: 413-545-1700  
Email: [fnaid@fnaid.umass.edu](mailto:fnaid@fnaid.umass.edu)

Student's Name: \_\_\_\_\_ SPIRE ID: \_\_\_\_\_  
Last, First MI

Current Mailing address: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

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, 2019, contact us at 413-545-0801.

**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, 2019, 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 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 his/her own living expenses entirely on his/her own, and is at risk of losing his/her 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

Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_

Organization/School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ 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 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 attach a signed letter of explanation from yourself and a letter from a person with whom you have temporarily lived, or who knows of your situation, explaining your circumstances and how they know you. This could be a high school counselor, mental health professional, social worker, mentor, doctor, or clergy.
- Returning Students: To continue your status as an independent student, attach an updated personal statement that describes your current living/housing situation.

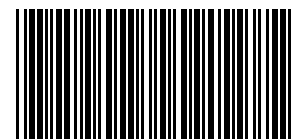
**Certification**

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 signed form to: 413-545-1700  
or email to: [fadocs@umass.edu](mailto:fadocs@umass.edu)

(Attachments must be a standard image file, or in one of the following file formats: .doc, .docx, .pdf)



\*FHMLSO\*