Last Name	First Name	Middle Initial		LACCD Stu	dent ID	
When you completed your LACCD adr (FAFSA) and/or the California Dream housing insecurity. If you would like to complete and submit this verification for agency verifying your homeless status	Act Application, your receive enrollment orm to the Financia	ou indicated you priority and a C	u had ex alifornia	perienced o College Pro	or are exp omise Grar	eriencing nt, please
"Homeless" means lacking fixe cars, or temporarily living with "Unaccompanied youth" mean custody of your parent or guar	other people becauses you are under 25 y	se you had nowh	ere else to	o go.		otels or
SECTION I						
Were you determined to be an unacco	mpanied youth exp	periencing home	elessnes	s by:		
A high school or school dist	rict homeless liaiso	on? YES	□ №			
 A director of an emergency Housing and Urban Develop 		nal housing pro		ded by the	U.S. Depa	rtment of
A director of a runawayYES NO	or homeless y	outh basic ce	enter or	transitiona	ıl living p	orogram?
If you marked YES to any of the three on who can verify your living situation and Office.						
If you answered NO to all three question	ons above, go to S	ection II.				
SECTION II						
If your living situation cannot be verificed	ed by the above a	gencies, does	your livir	ng situation	meet the	following
I am an unaccompanied yout homeless, meaning lacking in motels, or cars or temporarily ligo.	fixed, regular or ving with other peo	adequate hous	sing, whi	ch includes	living in	shelters,
☐ Yes	☐ No					
If you answer YES to the statement aboun addition, you must submit a typed, form when you meet with the Financial	detailed statement	• •				

Last Name		First Name	First Name Middle Initial LACCD Student ID							
SECTION I	II: To be completed by	/ Certifying Offic	cial							
Contact inforr	mation for certifying official:	Pleas	se indicate mailin	g address	& ph	one f	or the	e stu	dent:	
Name		Street	Address					_		
Street Address		City, S	State, ZIP					_		
City, State, ZIP		Phone	e number					_		
I am providir	ng this letter of verification	as a (check one):								
	A McKinney-Vento Scho	ool District Liaison								
	A director or designee of a HUD-funded shelter (U.S. Department of Housing & Urban Development)									
	A director or designee of	of a RHYA-funded	shelter (RHYA	Runawa	ay & F	Hom	eless	Yo!	uth Act	t)
living situati	college Cost Reduction and on. No further verification uestions or need more info	n by the Financia	al Aid Administ	rator is r	neces	sary	/. S	houl	ld you	have
I confirm tha	t the above name student	was (please check	cone below):							
	An unaccompanied hon	neless youth on or	after	·						
	This means that the st McKinney-Vento Act, ar								า 725 (of the
	An unaccompanied, self-supporting youth at risk of being homeless on or after									
	This means that the stu his/her own living exper					_			•	
Signature of Ce	ertifying Official			Date						
agree to prov denial, reduct	ERTIFICATION: I certify that ide proof of the information reion, withdrawal, and/or repay djustments to data on my FAI	eported on this form. ment of financial aid	False statemen I. I give permissi	ts or misre on to the F	eprese Finan	entat cial A	ion ca lid Of	an be	e cause to make	for
Student's Signa	ature I			Date						
							/			