

OFFICE OF FINANCIAL AID

2024-2025 Unaccompanied Homeless Verification

2025 CFUNYH

Student Name:	NSHE ID:

The 2024-2025 Free Application for Federal Student Aid includes the following definitions:

Definitions

Unaccompanied – student is not living in the physical custody of a parent or guardian

Self-Supporting – student pays for his/her living expenses, including fixed, regular, and adequate housing

Homeless – lacking fixed, regular, and adequate housing (i.e. temporarily living with other people because he/she has nowhere else to go

At risk of being homeless – student's housing may case to be fixed, regular, and adequate

Fixed housing – stationary, permanent, and not subject to change

Regular housing – used on a predictable, routine, or consistent basis

Adequate housing – sufficient to meet both the physical and psychological needs typically met in a home

Choose the Oval(s) that apply to your situation

Based upon these definitions which status(es) apply to your situation (fill in all the ovals that apply):

- o I am NOT homeless or at risk of homelessness and will add my parent(s) information to my 2024-25 FAFSA.
 - Sign the bottom of page 2 and submit it to the Office of Financial Aid.
- I am homeless and will provide documentation from an assistance organization.
 - Have Section 1 completed by the sheltering organization, then sign and submit it to the Office of Financial Aid.
- I am homeless and will provide a written explanation of my situation that includes dates and descriptions of my challenges.
 - Complete Section 2, attach your written explanation, then sign and submit it to the Office of Financial Aid.

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Section 1: To be completed by a Liaison, Director or Designee I am a: (check one) School District Homeless Liaison Director or designee of an Emergency Shelter or Transitional Housing Program (funded by the U.S. Department of Housing and Urban Development (HUD) o Director or designee of a Runaway or Homeless Youth basic Center or Transitional Living Program funded by the Runaway and Homeless Youth Act (RHYA) I, the Liaison, Director or Designee as checked above, verify that: **NSHE ID Number** CSN Student NAME The student was (check one): o An unaccompanied homeless youth (age 23 and younger) after July 1, 2023 – This means that, after July 1, 2023, the student named above 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 (age 23 and younger) and at risk of homelessness after July 1, 2023. This means that, after July 1, 2023, the student named above was 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. As specified under the College Cost Reduction and Access Act (Public law 110-84), I am authorized to verify this student's living situation. Printed Name of Liaison, Director or Designee Title Office Phone Number **Organization Name** Signature Today's Date

Section 2: To be completed by Student

Unable to obtain documentation or certification from a Liaison, Director or Designee

Provide a personal and signed statement explaining your situation. In your statement, please include your living situation on or after July 1, 2023. Attach any information you may have in support of your statement.

I certify that all the information provided on this form is true and complete. I hereby authorized the individual who completed and signed Section 1 of this form to discuss my situation regarding this application for financial aid with the Office of Financial Aid at the College of Southern Nevada.

Student Signature	NSHE ID Number