



**Yuba College**  
2088 North Beale Road  
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530-749-7999

**Woodland Community College**  
2300 East Gibson Road  
Woodland, CA 95776  
530-661-5725

**Lake County Campus**  
15880 Dam Road Extension  
Clearlake, CA 95422  
707-995-7923

## 2018-2019 Unaccompanied Homeless Youth Determination Form

You indicated on your 2018-2019 FAFSA that you were an unaccompanied youth who was homeless, or were self-supporting and at risk of being homeless at any time on or after July 1, 2017. Submit this form along with required documentation to the Financial Aid Office.

- **“Homeless”** means lacking fixed, regular and adequate housing, which includes living in shelters, motels or cars, or temporarily living with other people because you had nowhere else to go.
- **“Unaccompanied”** means you are not living in the physical custody of your parent or guardian.
- **“Youth”** means you are 21 years of age or younger or you were still enrolled in high school as of the day you signed your 2018-2019 FAFSA.
- **“Self-supporting”** means you pay for your own living expenses, including fixed, regular, and adequate housing.

### DOCUMENTATION REQUIRED - Submit documentation to the Financial Aid Office

- 2018-2019 Unaccompanied Homeless Youth Determination Form
- Personal Statement (Refer to Question 3 below)
- Affidavit

### STUDENT INFORMATION – To be completed by the student

First	MI	Last	Social Security #
Mailing Address			Date of Birth
City	State	Zip Code	Phone Number

1. Are you 21 years of age or younger? ☐ Yes ☐ No

2. What is your current living situation? Check the box that applies.

- ☐ Live with parents ☐ Live off campus (I pay my own rent/housing)
- ☐ Live with family (state who you live with): \_\_\_\_\_
- ☐ Live with friends (state who you live with): \_\_\_\_\_
- ☐ Other (Please explain): \_\_\_\_\_

3. Attach a typed statement (letter) that explains your homeless situation. **Include the following information on the letter:**

- Your name, student ID and signature
- Explain in detail how you happen to be homeless
- How long you expect your situation to remain the same
- Dates you have been homeless
- The nature of your relationship with your parents
- Why you cannot obtain information and/or support from your parents

4. When is the last time you:

- a) lived with your                      Father \_\_\_\_\_ Mother \_\_\_\_\_
- b) received support from you      Father \_\_\_\_\_ Mother \_\_\_\_\_
- c) had any contact with your      Father \_\_\_\_\_ Mother \_\_\_\_\_

5. A student is self-supporting when he pays for his own living expenses (food, groceries, utilities), including fixed, regular, and adequate housing. Are you self-supporting? ☐ Yes ☐ No

If yes, explain how you support yourself. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

#### **SIGN AND DATE**

*I certify that the information provided on this form and any attachments is true and correct to the best of my knowledge. I understand that this information will be used to determine my eligibility and that false or misleading information may be cause for denial, termination, and/or repayment of financial aid funds.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

#### **FOR FINANCIAL AID OFFICE USE ONLY**

☐ Approved - Unaccompanied homeless youth after July 1, 2017

☐ Approved - Unaccompanied, self-supporting youth at risk of homelessness after July 1, 2017

☐ Denied: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Financial Aid Signature

\_\_\_\_\_  
Date

**Yuba Community College District – Financial Aid**  
**2018-2019 Unaccompanied Homeless Youth Determination Affidavit**

Student's Name \_\_\_\_\_

Student ID # \_\_\_\_\_

This form is to be completed by a third party who is familiar with your situation and has known you for a minimum of three years, such as, a high school or college counselor, social services agency official, pastor or clergy member, mental health professional, law enforcement officer, or teacher. ***Affidavits from other students and/or friends are not considered an independent third party.***

The student named above has indicated on the application for financial aid that he/she is unable to provide parent information due to unusual circumstances. Please answer the following questions:

1. How long have you known the student? \_\_\_\_\_

2. In what capacity? \_\_\_\_\_

3. Provide a brief statement explaining the circumstances that lead the student to be homeless. Include where the student is currently living.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Provide a brief statement regarding your knowledge of the student's family history and their relationship with their parent(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What is the last date the student:

a. Received financial support from parents? \_\_\_\_\_

b. Lived with parents? \_\_\_\_\_

6. How is the student currently supporting himself/herself? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

***I certify that the information provided on this form and any attachments is true and correct to the best of my knowledge.***

Authorized Signature	Date
Print Name	Telephone Number
Agency	Title