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| Financial Aid Offices: | |
| 50 Oakland Street, Wellesley Hills, MA 02481 Phone (781) 239-2600 | 490 Franklin Street, Framingham, MA 01702 Phone (508) 270-4010 |
| Fax (781) 239-2607 Email: finaid@massbay.edu | |

Unaccompanied Homeless Youth Verification 2026-2027

Student's Name: _____ **MassBay ID#:** _____

On your 2026-2027 Free Application for Federal Student Aid (FAFSA), you indicated that you are an unaccompanied, self-supporting youth who is homeless or at risk of homelessness. This could qualify you as an independent student for financial aid purposes.

Please read the following and check mark any of the statements in the box that apply to you:

- Homeless, for financial aid purposes, means lacking fixed, regular and adequate housing, which includes living in shelters, motels, a car, or temporarily living with other people because you, the student, had nowhere else to go.
- Unaccompanied means that you are not living in the physical custody of your parent(s) or guardian.
- Youth means that you are 21 years of age or younger or you are still enrolled in high school as of the day you sign this application.

_____ **At any time on or after July 1, 2025 your high school or school district homeless liaison determined that you were an unaccompanied youth who was homeless.**

_____ **At any time on or after July 1, 2025, the director of an emergency shelter program funded by the US Department of Housing and Urban Development determined that you were an unaccompanied youth who was homeless.**

_____ **At any time on or after July 1, 2025, the director of a runaway or homeless youth basic center or transitional living program determined that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless.**

If none of the listed situations describe your circumstances, you are considered a dependent student. In this case, you must submit your parents' information on your FAFSA.

If any of the above situations describe your circumstances, you must submit verification of your status from a local educational homeless liaison, a director of an emergency shelter grant program under McKinney-Veto Homelessness Act, a director of a program funded under Runaway and Homeless Youth Act, or by a financial aid administrator. This verification must be submitted to our office on letterhead and must be attached to this form

Certification: *By signing below, you certify that all information reported to qualify for federal student aid is complete, true and correct.*

_____ **Student Signature (required)**

_____ **Date**

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both