



You reported on your 2019-2020 Free Application for Federal Student Aid (FAFSA) or California Dream Act Application that at any time on or after July 1, 2018 you are/were an unaccompanied youth who is homeless or are a self-supporting, unaccompanied youth at risk of being homeless. Please have this form completed by the authorizing individual, sign, and submit along with any required documentation to the Financial Aid Office. Include your FRC student ID number on all documentation submitted. **You must renew your status every academic year, see reverse for renewal option.**

<b>A. Student Information</b>	
Student's Name: _____	FRC ID: _____

<b>B. Definitions</b>
<b>Homeless</b> means lacking fixed, regular, and adequate housing. You may be homeless if you are living in shelters, parks, motels, hotels, public spaces, camping grounds, cars, abandoned buildings, or temporarily living with other people because you have nowhere else to go. Also, if you are living in any of these situations and fleeing an abusive parent, you may be considered homeless even if your parent would otherwise provide a place to live.
<b>Unaccompanied</b> means you are not living in the physical custody of your parent or guardian.

<b>C. Letter of Verification – Check one</b>
I am providing this letter of verification as:
<input type="checkbox"/> A McKinney-Vento School District Liaison
<input type="checkbox"/> A director or designee of a HUD-funded shelter: _____ (Agency Name)
<input type="checkbox"/> A director or designee of a RHYA-funded shelter: _____ (Agency Name)
<input type="checkbox"/> A financial aid administrator: _____

<b>D. Confirmation of Student Status – Check the appropriate box to confirm status</b>
<ul style="list-style-type: none"> <li>• Student was determined to be an unaccompanied youth who was homeless (on or after July 1, 2018) by a high school district homeless liaison.</li> <li>• Student was determined to be an unaccompanied youth who was homeless (on or after July 1, 2018) by the director/coordinator of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development (HUD).</li> <li>• Student was determined to be an unaccompanied youth who was homeless or at risk of being homeless (on or after July 1, 2018) by the director/coordinator of a runaway or homeless youth basic center or transitional living program.</li> </ul> <p>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. Please contact me at the number listed below to verify or to request additional information regarding this student.</p>

<b>Print Name:</b>			
<b>Title:</b>			
<b>Agency:</b>		<b>Phone:</b>	
<b>Authorized Signature:</b>		<b>Date:</b>	



**E. Request to Renew Status**

By signing below you are confirming that your status has been previously approved by Feather River College Financial Aid Office and you are requesting a renewal of your status for the academic year. Please complete this section, sign, date, and submit to the Financial Aid Office.

I, \_\_\_\_\_, request to renew my status as an unaccompanied homeless youth or self-supporting and at risk of being homeless, and certify that my circumstances have not changed since last year.

(Student Name)

Are you residing in any FRC campus housing (Dorms, Meadows, Pines)?  YES  NO

If yes, where would you live if you were not? \_\_\_\_\_

**F. Certification and Signatures** – Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student whose information was reported on the FAFSA must sign and date. Warning! If you purposely give false or misleading information you may be fined, sentenced to jail, or both.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

**This worksheet must be signed and dated to be valid. Electronic and/or digital signatures are not valid.**

**For Office Use Only**

Status <b>Verified</b> :	<input type="checkbox"/> Update RNAOV20 <b>Dependency</b> field to <b>I</b> for Independent
<input type="checkbox"/> Eligible – Third party designation	
<input type="checkbox"/> Eligible – FAA determination (completed intake questionnaire attached)	
<input type="checkbox"/> Eligible – Renewal status confirmed	
Status <b>Not Verified</b> :	<input type="checkbox"/> Ineligible
Comment(s):	
Processed/Reviewed By:	Date: