

SAN DIEGO MIRAMAR FINANCIAL AID 10440 Black Mountain Rd. K1-312 San Diego, CA 92126 619.388.7864 | 619.388.7910 [FAX] | miraaid@sdccd.edu [EMAIL]

## 2023-2024 VERIFICATION OF UNACCOMPANIED/HOMLESS YOUTH STATUS

(LCAHOM/LCAYHM/LNOHOM/LHYUTH-#B5)

Students who answered 'yes' on their Free Application for Federal Student Aid (FAFSA) to being homeless must

## **SECTION I (Instructions)**

submit documentation to the San Diego Miramar College Financial Aid Office, if this is the only criterion which makes a student Independent. This form has been provided to enable students to demonstrate their independency status for financial aid purposes. Acceptable documentation, in lieu of this form, would also be a signed letter (on letterhead) by any of the certifying officials listed in Section III. **SECTION II** (to be completed by Student) Last Name M.I. Student ID # (10 digit) First Name E-mail Address (if applicable) Phone Number (if applicable) I hereby authorize the certifying official at \_ to release information regarding my homeless status (as of July 1, 2023 or later) to the San Diego Miramar **College Financial Aid Office.** Student Signature Date **SECTION III** (to be completed by Certifying Official) The student above may be eligible for financial aid as an independent student. When validation is complete, please return the form to the San Diego Miramar College Financial Aid Office, 10440 Black Mt Road, San Diego, CA 92126 Please check only one option and sign below. Student was determined to be an unaccompanied youth who was homeless (on or after July 1, 2023) by a high school or high school district homeless liaison. Student was determined to be an unaccompanied youth who was homeless (on or after July 1, 2023) by the director/coordinator of an emergency shelter or transitional housing program funded by the U.S. department of Housing and Urban Development. Student was determined to be an unaccompanied youth who was homeless or at risk of being homeless (on or after July 1, 2023) by the director/coordinator of a runaway or homeless youth basic center or transitional living program, or Financial Aid Administrator.

Print Name of Certifying Official	Date	Phone Number
Signature of Certifying Official	E-mail Address	
Title of Certifying Official	-	SEAL