Unaccompanied Youth Financial Aid Form 2027-2028

Revised: 11/3/26

Student's Name _____ Social Security # _____

Phone _____ Email _____

Your status for financial aid as an Independent Student is partially based on your answer to certain questions on the 2027-2028 FAFSA that have to do with being an unaccompanied youth who was homeless on or after July 1, 2026.

Instructions:

1. Section #1 must be completed by 1 of the 3 individuals listed. Choose the appropriate individual based on your situation.
2. Section #2 should be completed by the student.

Section #1: This section must be completed by a Liaison, Director or Designee as listed below:

Please check one of the following: I am a…

- ❑ McKinney-Vento School District Homeless Liaison (Contact your school district for contact information on this person.)
- ❑ Director or Designee of a U.S. Department of Housing and Urban Development (HUD) emergency shelter or transitional housing program
- ❑ Director or Designee of a runaway or homeless youth basic center or transitional living program funded by the Runaway and Homeless Youth Act

I, the Liaison, Director or Designee as checked above, verify that the student named above was one of the following:

- ❑ **An unaccompanied homeless youth (under 21) after July 1, 2026:** This means that after July 1, 2026, this student 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 (under 21) at risk of homelessness after July 1, 2026**: This means that after July 1, 2026, this student was not in the physical custody of a parent or guardian, provides for his/her own living expense entire on his/her own, and is at risk of losing his/her housing.

As per the College Cost Reduction and Access Act (Public Law 110-84), I am authorized to verify this student's living situation. Please use my contact information listed below to verify or to obtain additional information about this student.

_____ _____
Printed Name of Liaison, Director or Designee Checked Above Title

_____ _____
Place of Employment Work Phone Number

_____ _____
Address of Place of Employment City State Zip

_____ _____
Signature of Liaison, Director or Designee Date

Section #2: This section must be completed by the student. Please list how you meet current living expenses.

List Your Current Sources of Income Below: (Wages, welfare, food stamps, unemployment, money paid on your behalf, other support, etc.)	Monthly Amount You Receive:
	$
	$
	$
	$
TOTAL	**$**

Current Monthly Expenses	List Your Monthly Amount of Expenses
Rent	$
Food	$
Transportation	$
Miscellaneous	$
TOTAL	**$**

I certify that all of the information provide on this form is true and complete to the best of my knowledge. I hereby authorize the individual listed in Section #1 to discuss my situation in regard to this application with Nelson University and the Financial Aid Office.

Student's Signature _____ Date _____

Mail: Nelson University, Attn: Financial Aid, 1200 Sycamore St, Waxahachie, TX 75165, **Fax:** (682)224-8644, **Email:** financialaid@nelson.edu