



Financial Aid Office
PO Box 496006, Redding, CA 96049-6006
Phone: (530) 242-7700

HOMELESS YOUTH CERTIFICATION REQUEST

Student's Full Name: _____ Student ID#: _____

Other Last Names Used: _____ Date of Birth: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Phone #: (____) _____ Email Address _____

Office Use Only

Purpose: If the student is declared a homeless youth for admissions purposes, the student will retain priority registration for a period of up to six years from the date of admission to the postsecondary educational institution.

Homeless Youth Definition:

A student under 25 years of age, who has been verified at any time during the 24 months immediately preceding the receipt of his or her application for admission by a postsecondary educational institution that is a qualifying institution pursuant to Section 69432.7, as a homeless child or youth, as defined in subsection (2) of Section 725 of the federal McKinney-Vento Homeless Assistance Act (42 U.S.C. Sec. 1143a(2)0):

“The term homeless children and youths- refers to individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(1)(1)), including:

- (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
- (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C));
- (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- (iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

TO BE COMPLETED BY THE STUDENT:

1. Date of homelessness: _____ Duration of homelessness: _____ to _____

2. In which of the following situations did you reside during homelessness:
 Motel Shelter or other temporary housing program
 Car Inadequate housing (insufficient to meet physical and psychological needs)
 Campsite Friend's house

3. Please check all that may have resulted in your lack of adequate housing:
 Loss of job Economic hardship resulting in the inability to secure and maintain a home
 Family problems (separation, divorce, family dispute, estranged from parents, etc)
 Other: _____

4. In which of the following situation do you **currently** reside:
 I currently have adequate housing
 Motel Shelter or other temporary housing program
 Car Inadequate housing (insufficient to meet physical and psychological needs)
 Campsite Friend's house

5. Please check all scenarios that describes your **current** financial situation:
 I am self-supporting and receive zero help from others.
 I am at risk of being homeless due to inadequate fixed income and support.
 I am not self-supporting and receive adequate assistance/support from family/others.
 Other: _____

I hereby certify that the above information contained on this form is true and complete.

Student Signature: _____

Date: _____

This form contains personally identifiable information. It is important to safeguard your information. **Do not mail this form to the U.S. Department of Education. Submit this form by emailing bmccall@shastacollege.edu, in person to Shasta College Financial Aid Office Room 108 or mail through the U.S. Postal Service to Shasta College, PO Box 496006 Redding, CA 96049-6006.** Make a copy of this form for your records.