2025-2026 Unaccompanied Youth Determination

You are being asked to complete this form because you reported on the FAFSA that you are either an unaccompanied homeless youth, as defined by the FAFSA Simplification Action (Public Law No: 116-260) or an unaccompanied, self-supporting youth at risk of homelessness. Please complete this form and return it to the Office of Financial Aid as soon as possible. Corrections will be made to your FAFSA based on the answers below, if appropriate.

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Student’s Last Name Student’s First Name Student’s M.I. Student’s Social Security Number

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Student’s Street Address (include apt. no.) Student’s Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code Student’s Email Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Phone Number (include area code)

1. Are you self-supporting? (Self-supporting means you are responsible for your own living expenses, including fixed, regular, and adequate housing.)
   * Yes
   * No
2. Is your housing likely to cease to be fixed, regular, and adequate? Are you at-risk of homelessness due to eviction or other loss of housing?
   * Yes
   * No

*If you answer “yes” to both questions and are not under the care of a parent or guardian, you meet the definition of an unaccompanied youth who is self-supporting and at risk of homelessness and qualify as an independent student.*

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

**To be completed by a Homeless liaison (optional):***For an appointment with Kishwaukee’s Benefits and Housing Liaison please call 815-825-2086 or visit the Office of Student Support Services.*

*Under the FAFSA Simplification Act (Public Law No: 116-260), I am authorized to document this student’s living situation and determine their independent student status as an unaccompanied homeless youth, or an unaccompanied, self-supporting youth at risk of homelessness. Financial aid administrators must accept this documentation unless there is specific documented conflicting information. Please address any questions to me at the number or e-mail address listed below.*

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| Print Name | Date |
| Signature | Phone |
| Email | |
| Title | |
| Agency | |