

ATTN: FINANCIAL AID OFFICE 2405 E College Way, Lewis Hall L121 Mount Vernon, WA 98273

Phone: MV – 360.416.7666 / WIC – 360.679.5320 Fax: MV – 360.416.7886 / WIC – 360.679.5375

## 2025-2026 UNACCOMPANIED HOMELESS YOUTH QUESTIONAIRE

St	ctcLink ID #
ΒA	ACKGROUND INFORMATION
Wł	nen you completed your 2025-2026 Free Application for Federal Student Aid (FAFSA) or
Wa	ashington Application for State Financial Aid (WASFA), you indicated that you are an
	naccompanied Homeless Youth (UHY) or are at risk of being homeless. Please complete this form d provide supporting documentation to the Financial Aid Office for review.
	efinitions:
pa be ab	omeless means lacking fixed, regular and adequate housing, which includes living in shelters, rks, motels, camping grounds, cars, abandoned buildings or temporarily living with other people cause you have nowhere else to go. Also, if you are living in any of these situations and fleeing an usive parent, you may be considered homeless even if your parents would otherwise provide a ace to live.
Un	naccompanied means you are not living in the physical custody of your parent or legal guardian.
ST	TUDENT SECTION: Choose only one option.
1.	Were you approved as an Unaccompanied Homeless Youth (UHY) by Skagit Valley College for the 2024-25 school year?
	$\square$ Yes—Your prior approval will be renewed, and no additional documentation needed. Complete "student certification" at the end of this form.
	$\square$ No—Additional information is required, please review and complete the next section.
2.	If you were determined to be UHY by an authorized official <b>at any time on or after July 1, 2024</b> , please select the appropriate box below. If you select one of these options, <b>supporting documentation</b> must be submitted with this form and you do not need to complete question 3
	If none of these apply to you, continue to question 3.
	☐ Your high school or school district homeless liaison, as designated by the McKinney-Vento Homeless Assistance Act, determined that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless.
	☐ The director or designee of an emergency or transitional shelter, street outreach program, homeless youth drop-in center, or other program serving individuals who are experiencing homelessness
	☐ The director or designee of a runaway or homeless youth basic center or transitional living program determined that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless.

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11(1)	ncial.aid@skagit.edu. Note: this email address is for document submission only.  SVC FINANCIAL AID OFFICE USE ONLY
	omit the completed form in person, by mail, or via your MySVC email to
Stu	dent Signature Date
und	JDENT CERTIFICATION: I certify that the information provided is complete and accurate. I lerstand that false statements may negatively impact my financial aid. I authorize the Financial Office to update my FAFSA based submitted documents.
	$\square$ Other (for example: fleeing an unsafe environment)
	$\Box$ Loss of housing $\Box$ Economic hardship resulting in inability to secure and maintain fixed, regular, and adequate housing
	If you marked "temporarily staying with others" above, check which circumstances apply.
	☐ Temporarily staying with others
	<ul> <li>□ Emergency or transitional shelter or other temporary housing program</li> <li>□ In a residence with inadequate facilities (no heat, water, or electricity)</li> </ul>
	☐ Car, park, campsite, or sleeping on the street ☐ Emergency or transitional shelter or other temporary housing program
	☐ Motel/Hotel or ☐ Couch surfing
	In which of the following situations do you currently reside?
	Are you residing with a parent, guardian, or other family member?    Yes  No
	Are you self-supporting? (Self-supporting means you are responsible for your own living expenses, including fixed, regular and adequate housing.)     Yes    No
3.	If your living situation cannot be verified by one of the officials listed above, please <b>complete the following questions and provide a statement of your current living situation.</b> If you are not comfortable providing some of these answers, please let us know and we can schedule an interview to document your eligibility.
	$\Box$ A financial aid administrator (FAA) who documented the student's homeless circumstance in the same or a prior award year.
	☐ The director or designee of a Federal TRIO program or a Gaining Early Awareness and Readiness for Undergraduate program (GEAR UP) grant

& DATE: