



Office of Financial Aid
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2025-26 Unaccompanied Homeless Youth Determination
TO BE COMPLETED BY AUTHORIZED OFFICIAL

This form is to be completed by an authorized official from one of the listed entities designated by federal authority to verify a student's homelessness status for the purpose of determining U.S. Department of Education Federal Student Aid eligibility through the FAFSA. The official will select their authorized role and which of the conditions of homelessness they are verifying.

Authorized Official: Select your designated authorization below:

- A local educational agency homeless liaison, as designated by the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11432(g)(1)(J)(ii)), or a designee of the liaison.
The director of an emergency or transitional shelter, street outreach program, homeless youth drop-in center, or other program serving individuals who are experiencing homelessness, or a designee of the director.
The director or designee of a program funded under subtitle B of title IV of McKinney-Vento (relating to emergency shelter grants) (42 U.S.C. 11371 et seq.)
The director of a Federal TRIO program or a Gaining Early Awareness and Readiness for Undergraduate program (GEAR UP) grant, or a designee of the director.
A financial aid administrator at another institution who documented the student's circumstance in the same or a prior award year.

I verify that (enter student's first and last name) \_\_\_\_\_ was:

Authorized Official: Select the circumstance you are verifying student meets under your federal authority/function.

- An unaccompanied homeless youth (under age 24) after July 1, 2024
This means that at any time on or after July 1, 2024, the student named above 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 the age of 24) at risk of homelessness on or after July 1, 2024
This means that at any time on or after July 1, 2024, the student named above was not in the physical custody of a parent or guardian, provides for their own living expenses entirely, including fixed, regular and adequate housing, and is at risk of losing their housing due to extreme financial instability, job loss, eviction, utility disconnect, etc.; and would not be able to return to parental household or receive support if lost current housing.

By signing this form, I acknowledge the following:

- I am authorized to verify this student's living situation per the FAFSA Simplification Act (Public Law No: 116-260).
All of the information reported to qualify for Federal/State student aid is complete and correct.
I can be contacted at the number listed below to verify or to request additional information regarding this student.

Authorized Official: Complete all sections below to complete certification, except the student lines.

Official's Name and Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone #: \_\_\_\_\_

Agency Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Address: \_\_\_\_\_ SCC ID: \_\_\_\_\_

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

This form must be printed and signed by hand, electronic signatures are not authorized.