

Lassen Community College Financial Aid Office P.O. Box 3000 Susanville, CA 96130

2023-2024 Homeless Verification: Unaccompanied Youth

Must be completed in blue or black ink only. Do NOT use whiteout.

Section A: Student Information

Last Name	First Name	M.I.		Student ID Number	
Address					
				1	
City	State	Zip Code		() Phone Number	
Section B: Ce	ertification				
at risk of home	elessness. The Finan	•		you indicated that you are on so you are considered	
Please answer	the following quest	ions and provide the rec	quested docume	entation:	
	-	, and adequate housing?_		Yes (If yes)	
		ement detailing your livin	~		
	A statement from a pr of your independent s		your circumstand	ees would also help in our de	termination
2. Are you	self-supporting (Mea		ving expenses, in	cluding fixed, regular and a	dequate
•	-	, , ,	t receipt, a utility	receipt and a current pay st	ub with your
	-	-	_	place you at risk of being hor	meless.
•		ustody of a parent or guard	· · · · · · · · · · · · · · · · · · ·		
•	•	• •		and provide a parent address	s. If you have
4 Amaryan 21		of this situation, please a		ata way siamad wayn EAECA	9
4. Are you 21		r or still enrolled in high s Yes (If yes)	chool as of the d	ate you signed your FAFSA	•
Rirth Da	te	High School (if still e	nrolled)		

FC23HFAV Revised 12.20.22



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Section C: Signature Certification

Based on the information and documentation you provided, the financial aid office will determine if you meet the requirements to be considered independent based on being an Unaccompanied Homeless Youth or self-supporting and at risk of being homeless.

Certification and Signature The person signing below certifies that all of the information reported is complete and correct.	WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.
Student's Signature	Date

FC23HFAV Revised 12.20.22