

2025-2026 FINANCIAL AID VERIFICATION OF HOMELESS STATUS

Deadline: Fall/Spring: Friday, May 15, 2026 Summer: Thursday, June 4, 2026

STUDENT INFORMATION					
COM ID#		Last Name			
Date of Birth		First Name			
Phone Number		Student Email			

Students who answered "yes" on their Free Application for Federal Student Aid (FAFSA) to being homeless must submit documentation to the College of Marin Enrollment Services Office, if this is the only criterion which makes a student Independent. This form has been approved to enable student to demonstrate their independent status for financial aid purposes. Acceptable documentation, in lieu of this form, would also be a signed letter (on letterhead) by any of the certifying official listed below.

TO BE COMPLETED BY Student

I hereby authorize the certifying offici	al at	to rele	to release information regarding my			
homeless status (as of July 1, 2024 or later) to the College of Marin Enrollment Services Office .						
Student Signature	 Date					
Attn: Mailed or Faxed o	copies will not be accepted. Original	documents must b	e submitted in person.			
	TO BE COMPLETED BY Certifyir	ng Agency Official				
The student above may be eligible for financial aid as an independent student. When validation is complete, please return this form to the College of Marin Enrollment Services Office, 835 College Ave., Kentfield, CA. 94904						
Regardless of their age, applicants who are unaccompanied and homeless, or self-supporting and at risk of being homeless, qualify for a homeless youth determination and will be considered independent students on the FAFSA* form.						
Check only one (1) box (option) and sign below: Student was Determined to be an unaccompanied youth who was homeless (on or after July 1, 2023) by a high school or high school district homeless liaison.						
	ccompanied youth, who was homeless (o al housing program funded by the U.S. L	·				
Student was determined to be an unaccompanied youth who was homeless or at risk of homelessness (on or after July 1, 2023) by the director/coordinator of a runaway or homeless youth basic center or transitional living program.						
Print Name and Title of Certifying Officia	1	Date	Phone Number			
Signature of Certifying Official		Email				
Certifying Agency			Certifying Agency Stamp			