

## 2026-2027 Financial Aid Verification of Homeless Status

Student Information			
COM ID# :		Student Email:	
Last Name:		Date of Birth:	
First Name:		Phone Number:	

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
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I hereby authorize the certifying official at \_\_\_\_\_ to release information regarding my homeless status (as of July 1, 2026 or later) to the College of Marin Enrollment Services Office.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*\*Attn: Mailed or Faxed copies will not be accepted. Original documents must be submitted in person.\*\**

TO BE COMPLETED BY Certifying Agency Official
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*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, 2026) by a high school or high school district homeless liaison.
- Student was determined to be an unaccompanied youth, who was homeless (on or after July 1, 2026) by the director/ coordinator of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development (HUD).
- Student was determined to be an unaccompanied youth who was homeless or at risk of homelessness (on or after July 1, 2026) by the director/coordinator of a runaway or homeless youth basic center or transitional living program.

\_\_\_\_\_  
Print Name and Title of Certifying Official Date

\_\_\_\_\_  
Signature of Certifying Official

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Certifying Agency

*Certifying Agency Stamp*