

2024-2025 Verification of Homeless Unaccompanied Youth Status

Financial Aid Department
800 Main Street, Room C-019
Pewaukee, WI 53072
262.691.5578 (Phone); 262.691.5123 (Fax)
money@wctc.edu

You have certified on your 2024-25 FAFSA application that you are an unaccompanied youth who is homeless or unaccompanied, self-supporting youth and at risk of becoming homeless and indicated you have a documented determination of this status.

Attention Student: Complete the Student Information section below and then submit this form for completion to the agency that has made the documented determination of this status.

Student Information

First name: Last name:

Student ID: Date of birth:

Instructions for Agency

The above student has certified on their Free Application for Federal Student Aid (FAFSA) that they are an unaccompanied youth who is homeless or unaccompanied, self-supporting youth and at risk of becoming homeless and indicated they have a documented determination of this status.

We ask that you complete this certification for the above student as verification and return the form directly to the Waukesha County Technical College Financial Aid Office. The student's financial aid cannot be processed until this information is received.

I am providing verification for the above student's status as a (check one):

- McKinney-Vento School District Liaison
Director or designee of a HUD-funded shelter
Director or designee of a RHYA-funded shelter
Director or designee of a federal TRIO program or GEAR UP grant
An FAA at another institution

I am authorized to verify this student's living situation by the College Cost Reduction and Access Act (Public Law 110-84). (Check the applicable status):

- An unaccompanied homeless youth on or after July 1, 2024. This student 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 at risk of homelessness on or after July 1, 2024. This student was not in the physical custody of a parent or guardian, provides for his/her own living expenses entirely on his/her own, and is at risk of losing his/her housing.

Agency Signature

Signature Date

Print Name

Title

Agency Name, Address and Phone Number:

Submit completed form to:
WCTC Financial Aid Department
Enrollment Center, Room C-019
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