



Fairfield University
Office of Financial Aid

Please email completed form to: finaid@fairfield.edu
Or mail to: Office of Financial Aid
1073 North Benson Road
Fairfield, CT 06824
Fax: 203-254-4008

2025– 2026 Unaccompanied Youth Verification Worksheet

Student Name: _____

Student ID: _____

According to our records, you indicated on the Free Application for Federal Student Aid (FAFSA) that at any time on or after July 1, 2024 you were unaccompanied and either (1) homeless or (2) self-supporting and at risk of being homeless. The Department of Education requires that we verify this information before we finalize the review of your financial aid application. Please complete and submit this form with all supporting documentation.

- 1) At any time on or after July 1, 2024, were you unaccompanied and either (1) homeless or (2) self-supporting and at risk of being homeless? Yes No

- 2) If the answer is “Yes,” did any of the following determine the student was homeless or at risk of becoming homeless? Select all that apply.
 - Director or designee of an emergency or transitional shelter, street outreach program, homeless youth drop-in center, or other program serving those experiencing homelessness
 - The student’s high school or school district homeless liaison or designee
 - Director or designee of a project supported by a federal TRIO or GEAR UP program grant
 - Financial Aid Administrator
 - None of these apply

If you **answered “no” to question 1**, you must provide parent information on the FAFSA. You may make this correction on-line at <https://studentaid.gov/h/apply-for-aid/fafsa>.

If you **answered “yes” question 1 and selected on option for question 2**, please provide our office with documentation that you have received that supports this status.

Certifications and Signatures

I certify that all of the information reported above, used to determine eligibility for federal financial aid, is true, correct, and complete.

Student’s Signature

Date