

Please email completed form to: $\underline{\mathsf{finaid@fairfield.edu}}$

Or mail to: Office of Financial Aid 1073 North Benson Road

Fairfield, CT 06824 Fax: 203-254-4008

2024 – 2025 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, 2023 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, 2023, were you unaccompanied and either (1) homeless or (2) self-supporting and risk of being homeless?	
If you answered "no" to question 1 , you must may make this correction on-line at <a apply-for-aid="" fafsa"="" h="" href="https://stu</th><th>provide parent information on the FAFSA. You identaid.gov/h/apply-for-aid/fafsa .	
If you answered "yes" question 1 and selecte office with documentation that you have rece	d on option for question 2, please provide our ived that supports this status.
Certifications and Signatures	
I certify that all of the information reported above is true, correct, and complete.	e, used to determine eligibility for federal financial aid,
Student's Signature	Date