

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

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

Fairfield, CT 06824 Fax: 203-254-4008

2023 – 2024 Unaccompanied Youth Verification Worksheet

Student Name:	Student ID:
of Housing and Urban Development, or a director of a rof Education requires that we verify this information I application. Please complete and submit this form with At any time on or after July 1, 2022, did your determine that you were an unaccompanied	of an emergency shelter funded by the U.S. Department runaway homeless youth basic center. The Department before we finalize the review of your financial aid
housing program funded by the U.S. Depar determine that you were an unaccompanie	director of an emergency shelter or transitional retrieved that the control of Housing and Urban Development red youth who was homelessYesNo mit a letter from the director verifying this
center or transitional living program detern was homeless or were self-supporting and	director of a runaway or homeless youth basic mine that you were an unaccompanied youth who at risk of being homeless?YesNo submit a letter from the director verifying this
 Are you homeless and over the age of 21? If you answered yes, you must submit a let that is assisting you. 	YesNo ter from the director of the homeless shelter
If you answered "no" to all of the above questions the FAFSA. You may make this correction on-line a	
Certifications and Signatures I certify that all of the information reported above, us is true, correct, and complete.	sed to determine eligibility for federal financial aid,
	 Date