



FINANCIAL AID OFFICE

GARDEN CITY
COMMUNITY COLLEGE

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2026-2027 Unaccompanied Homeless Youth Verification for the Purposes of Federal Financial Aid

Student Name _____

Student GCCC ID # _____

Phone number (include area code) _____

Date of Birth _____

I am providing this verification as (check one):

- ☐ The student's high school or school district homeless liaison or designee as designated by the *McKinney-Vento Homeless Assistance Act* (42 U.S.C. 11432(g)(1)(J)(ii)).
- ☐ The director or designee of an emergency or transitional shelter, street outreach program, homeless youth drop-in center, or other program serving individuals who are experiencing homelessness.
- ☐ The director or designee of a project supported by a federal TRIO or a Gaining Early Awareness and Readiness for Undergraduate program (GEAR UP) program grant.
- ☐ A financial aid administrator at another institution who documented the student's circumstance in the same or a prior award year.

As per the College Cost Reduction and Access Act (Public Law 110-84), I am authorized to verify this student's living situation. No further verification by the Financial Aid Administrator is necessary. Should you have additional questions or need more information about this student, please contact me at the number listed below.

This completed form confirms that _____ was:
(Name of Student)

Check one:

- ☐ **An unaccompanied homeless youth on or after July 1, 2025:**
This means that, on or after July 1, 2025, the above-named 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 being homeless on or after July 1, 2025.** This means that, on or after July 1, 2025, the above-named student was not in the physical custody of a parent or guardian, provides for their own living expenses entirely on their own, and is at risk of losing their housing.

Authorized Signature of high school or school district homeless liaison or designee	Date
Print Name	Telephone Number
Title	
Agency	