

**FORM UYOUTH - IDAHO STATE UNIVERSITY
UNACCOMPANIED YOUTH**

26-27

UYOUTH-27

The federal government requires colleges to check the accuracy of the information you provided on your Free Application for Federal Student Aid ([FAFSA](#)). This process is called verification. You must complete the verification process before the Office of Financial Aid can establish your eligibility for assistance. You must return the information requested on this form or you will not be considered for federal financial aid. Please return this completed form with applicable attachments to:

Office of Financial Aid, Idaho State University
921 S 8th Ave, Stop 8077, Pocatello, ID 83209-8077
Phone: (208)282-2756 Fax: (208)282-4755
Email: financialaid@isu.edu

University Place, Bennion Student Union
1784 Science Center, Idaho Falls, ID 83402
Phone: (208)282-7704

Scan and Upload: isu.edu/financialaid/upload

*Student Name: _____
(Use blue or black ink) Last First M.I.

*ISU ID: _____ *Last 4 Digits of Social Security #: _____
(Find on [MyISU](#)) *Required

You have applied for federal financial aid as an independent student based on one of the following reasons. Please mark the reason you applied as an independent student and submit the documentation indicated.

- ◆ **"At risk of being homeless"** means when a student's housing may cease to be fixed, regular, and adequate, for example, a student who is being evicted and has been unable to find fixed, regular, and adequate housing.
- ◆ **"Homeless"** means lacking fixed, regular, and adequate housing.
- ◆ **"Self-supporting"** means when a student pays for his or her own living expenses, including fixed, regular, and adequate housing.
- ◆ **"Unaccompanied"** means when a student is not living in the physical custody of a parent or guardian.
- ◆ **"Youth"** means you are not yet 24 years of age or you are still enrolled in high school as of the day you signed the [FAFSA](#).

At any time on or after July 1, 2025, you were determined to be an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless with a determination from one of the following entities (**Mark which applies to you below and attach a copy of the determination**):

- _____ A local educational agency homeless liaison (or designee), as designated by the McKinney-Vento Homeless Assistance Act).
- _____ 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 Federal TRIO program or a Gaining Early Awareness and Readiness for Undergraduate program (GEAR UP) grant.
- _____ A financial aid administrator at another institution who documented the student's circumstance in the same or a prior award year.

If you cannot provide one of the forms of documentation listed above, please explain why not. Then write a statement explaining why you should be considered independent based on one of the above reasons (attach additional pages, if needed).

CERTIFICATION: The person signing below certifies that all of the information reported is complete and correct.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student Signature: _____ Date: _____

Typed signatures not accepted