



## **2026-2027 Unaccompanied Homeless Youth Form**

This form cannot be faxed or emailed.  
Return this form to the address below.  
**Labette Community College**  
**Attn: Financial Aid**  
**200 South 14<sup>th</sup>**  
**Parsons, KS 67357**

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_

On the FAFSA, you indicated you were an unaccompanied youth who is homeless or at risk of being homeless. Please provide documentation related to the applicable condition(s) to verify your dependency status. Your financial aid will not be awarded until the requested documentation is received and reviewed by the Financial Aid Office. If you answer "NO" to all of the questions, you must provide parental information.

If you answer "Yes" to one of the questions, you must provide the documentation indicated.

Yes \_\_\_\_ No \_\_\_\_ Are you or were you an emancipated minor as determined by a court in your state of legal residence at the time you received the determination?

**If "Yes", provide a copy of official court documentation.**

Yes \_\_\_\_ No \_\_\_\_ Are you or were you in legal guardianship as determined by a court in your state of legal residence at the time you received the determination?

**If "Yes", provide a copy of official court documentation.**

Yes \_\_\_\_ No \_\_\_\_ At any time on or after July 1, 2025, did your high school or high school district homeless liaison determines you were an unaccompanied youth who was homeless?

**If "Yes", provide a statement from your high school district liaison on school district letterhead.**

Yes \_\_\_\_ No \_\_\_\_ At any time on or after July 1, 2025, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development (HUD) determine you were an unaccompanied youth who was homeless?

**If "Yes" provide a statement from the Director of an emergency shelter funded by HUD.**

Yes \_\_\_\_ No \_\_\_\_ At any time on or after July 1, 2025, did the Director of a runaway or homeless youth basic center or transitional living program determine you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?

**If "Yes", provide a statement from a Director of a runaway or homeless youth center or transitional program.**

By signing this document, you certify to the best of your knowledge, the information provided is true and accurate. You also understand that giving false or misleading information on this application you could be subject to a \$10,000 fine, a prison sentence, or both. Falsification of information or failure to comply with federal regulations is a felony.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_