



2025-2026

Unaccompanied Homeless Youth Determination

3028 Lindbergh Ave. Bellingham, WA 98225 • (360)752-8351 • fax (360)752-7151 • FinAid@btc.edu

An unaccompanied homeless youth is an individual under the age of 24 who is not in the physical custody of their parent or guardian, and lacks a fixed, regular, and adequate nighttime residence. Students who are an Unaccompanied Homeless Youth (UHY) are considered independent and may qualify for additional funding and/or support services.

Student information

Last Name

First Name

ctcLink ID

Previous Last Name

Email Required (Email is the default communication method)

Select one of following items below and attach supporting documentation:

- ☐ I was a high school student during the 2024-2025 school year and am attaching verification of my status as an unaccompanied homeless youth from my authorized High School McKinney-Vento Liaison. Determination must have been made on or after July 1, 2024.
- ☐ I am attaching verification of my status as an unaccompanied homeless youth (determination made on or after July 1, 2024) from an authorized official of an emergency or transitional shelter operated by HUD (US Dept. of Housing & Urban Development) or RHYA (Runaway & Homeless Youth Act.).
- ☐ I am attaching verification of my status as an unaccompanied homeless youth (determination made on or after July 1, 2024) from a recognized third-party, such as an administrator of a privately or publicly funded homeless shelter, a financial aid administrator from another college/university, a social worker, clergy member, etc.
- ☐ I am unable to obtain documentation verifying unaccompanied homelessness.
 - ☐ In place of the documentation, please attach a letter explaining your situation qualifying you as an Unaccompanied Homeless Youth and explain why you are unable to get documentation from an authorized official. A financial aid administrator may reach out to discuss further.
- ☐ I made an error on my FAFSA/WASFA. I am not an Unaccompanied Homeless Youth, or self-supporting and at risk of homelessness. I and the appropriate contributor must correct the information on my FAFSA/WASFA.

Signature Certification Required:

By submitting this form, I agree that the information provided is complete and correct.

Student Name

Student Signature

Date

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