

## 2025-2026 Unusual Circumstance: **Unaccompanied Homeless** Youth Verification

Submit forms utilizing one of the options below. Note: email is not a secure form of communication, do not submit documents via email.

Electronically via the Secure Document Upload Center - financialaid.buffalo.edu/forms/documentation-upload-center/. Submit your .pdf, .jpg, .jpeg, or .docx files with your UB Person Number included in the file name. All Financial Aid Forms require

your legal name.	·	·
• Fax to 716-645-6566	By mail to Fina	incial Aid at 1Capen, Capen Hall, Buffalo, NY 14260
First Name:	Last Name:	Person Number:
Documentation		
Check the scenario below t documentation.	hat best applies to you and return	this form with all the requested supporting
		district's homeless liaison determined that I was self-supporting and at risk of being homeless.
	entation: ne official document from your hon omeless Youth status.	neless liaison stating your official
If you do not have		status, go to studentaid.gov to make the tus section to correct this error.
•		ncy shelter program funded by the U.S. rmined that I was an unaccompanied youth who
		ne emergency shelter stating your official
		status, per the director of an emergency shelter, ons. Refer to the Dependency Status section to
living program deter	·	or homeless youth basic center or transitional ed youth who was homeless or was self-
Required Docume Submit a copy of the		ne youth basic center shelter stating your

official Unaccompanied Homeless Youth status or was self-supporting and at risk of being homeless.

If you do not have Unaccompanied Homeless Youth status or were self-supporting and at risk of being homeless, go to studentaid.gov to make the necessary corrections. Refer to the Dependency Status section to correct this error.

## Certification and Signature - Please handwrite your signature. Typed signatures cannot be accepted.

I certify that all information provided in this document is true, complete and accurate to the best of my knowledge. I further understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. Also, purposely giving false or misleading information on this worksheet may lead to fines, jail sentences, or both. I authorize the University at Buffalo to make any change(s) necessary as a result of the updated information that I have provided.

Student Signature:		Date:	
HOME, HUB, YOUTH (Revised 2/6/2025)	Phone: 716-645-8232	Website: financialaid.buffalo.edu	Page <b>1</b> of <b>1</b>