



2025-2026 Unusual Circumstances Unaccompanied Homeless Youth Determination Request

This form is for dependent students that are unaccompanied (not living in the physical custody of a parent/guardian) and are either homeless (lacking fixed, regular, and adequate housing), or are self-supporting and at risk of homelessness.

SECTION A: STUDENT INFORMATION

Student Name	TVIN or Social Security Number

SECTION B: INSTRUCTIONS

Please follow the steps below to be considered for an Unaccompanied Homeless Youth Determination. Your request will not be processed unless **all** requirements are met.

1. Attach a personal statement explaining your circumstances, including timeline of events, current living arrangements and how you support yourself.
2. Attach documentation that confirms you are **unaccompanied and homeless or unaccompanied, self-supporting, and at risk of homelessness** from one of the following:
 - Your high school or school district homeless liaison,
 - The director of an emergency shelter or transitional housing program,
 - The director of a runaway or homeless youth basic shelter or transitional living program, or
 - Relevant third-party professional (i.e., private, or publicly funded homeless shelters/ service providers, financial aid administrators from another college, college/ high school counselors, mental health professionals, social workers, mentors, doctors, and clergy)

Note: If you are unable to obtain the required documentation, please clearly address the circumstances in your personal statement as to why there is no supporting documentation.

3. Submit or upload documents to: https://webapps.tvcc.edu/Jotforms/JF_FA_FormUpload/.
4. Monitor your MyCardinalConnect email account for a decision regarding your request. Requests for additional documentation will be emailed to your MyCardinalConnect email account.

SECTION C: CERTIFICATION

I am requesting consideration for an Unaccompanied Homeless Youth Determination at Trinity Valley Community College. I certify that I am unaccompanied, and either homeless, or self-supporting and at risk of being homeless. I request to be considered as an independent student for financial aid purposes and have attached the required documentation to this form. I understand that I must sign and return this form for my financial aid to be processed.

Student Signature **X** _____ Date _____

Return this completed form with any required documentation to:
Trinity Valley Community College Financial Aid & Scholarships - 100 Cardinal Dr.
Athens, TX 75751 or fax to (903) 675-6345 or save as PDF and upload at
https://webapps.tvcc.edu/Jotforms/JF_FA_FormUpload/



Unusual Circumstances Unaccompanied Homeless Youth Personal Statement

Use this form to provide the required Personal Statement submitted with your completed Unaccompanied Homeless Youth Determination Request. The use of this form is not required; you may attach your full Personal Statement, but it must contain the information requested below.

SECTION A: STUDENT INFORMATION

Student Name	TVIN or Social Security Number

SECTION B: Student Situation

Briefly explain your situation, current living arrangements and how you support yourself. (Information submitted is kept confidential.)

Student Signature

Date

X _____

Return this completed form with any required documentation to:
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Athens, TX 75751 or fax to (903) 675-6345 or save as PDF and upload at
https://webapps.tvcc.edu/Jotforms/JF_FA_FormUpload/



Unaccompanied Homeless Youth: Statement by a Relevant Third Party

Financial Aid & Scholarships requests additional information from a relevant third party (not a friend or relative) to review the student's living situation. We appreciate your assistance with a brief statement on your professional knowledge of the student's current living situation. Third parties may submit a signed statement on professional letterhead in lieu of this form. Signed statement must include information requested on this form.

Student Name	TVIN or Social Security Number

SECTION A: STATEMENT BY A RELEVANT THIRD PARTY

Professional's Name:		Title (Doctor, Professor, etc.)
Phone number (including area code)	Email:	
Street Address:	City, State:	Zip Code:
<ul style="list-style-type: none"> How long have you known the student? _____ What is your relationship to the student? _____ <p>Please briefly explain the student's current living situation. Please address who the student lives with, who is responsible for the student's living expenses, what environment the student lives in (such as an apartment, their car, a motel, etc.), and whether the student is homeless or at risk of being homeless.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		

SECTION B: CERTIFICATION

I certify that all information contained on this form is true and accurate. I understand that I may be contacted if further information is needed.

Signature

Date

X _____

Return this completed form with any required documentation to:

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Athens, TX 75751 or fax to (903) 675-6345 or save as PDF and upload at

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