



Unaccompanied Homeless Youth Verification For the Purposes of Federal Financial Aid

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

Current Mailing Address of Student (if none, please list name, phone number, and mailing address of current contact): \_\_\_\_\_

I am providing this letter of verification as a (check one):

- checkbox A McKinney-Vento School District Liaison: \_\_\_\_\_
checkbox A director or designee of a HUD-funded shelter: \_\_\_\_\_
checkbox A director or designee of a RHYA-funded shelter: \_\_\_\_\_
checkbox A financial aid administrator: \_\_\_\_\_

As per the College Cost Reduction and Access Act (Public Law 110-84), I am authorized to verify this student's living situation. No further verification by the Financial Aid Administrator is necessary. Should you have additional questions or need more information about this student, please contact me at the number listed above.

This letter is to confirm that \_\_\_\_\_ was (check one):

checkbox An unaccompanied homeless youth after July 1, 2020

This means that, after July 1, 2020, \_\_\_\_\_ was living in a homeless situation, as defined by Section 725 of the McKinney-Vento Act, and was not in the physical custody of a parent or guardian.

checkbox An unaccompanied, self-supporting youth at risk of homelessness after July 1, 2020

This means that, after July 1, 2020, \_\_\_\_\_ was not in the physical custody of a parent or guardian, provides for his/her own living expenses entirely on his/her own, and is at risk of losing his/her housing.

Form with fields: Authorized Signature, Date, Print Name, Telephone, Email Address, Title, Agency/School