

Unaccompanied or Homeless Youth Verification Form

The student below indicated on their Free Application for Federal Student Aid (FAFSA) that at some point on or after July 1, 2020, they were an unaccompanied youth, homeless, or at risk of being homeless. Please complete the form and submit it with any relevant documentation to the Financial Aid Office.

SECTION A: TO BE COMPLETED BY STUDENT

Name _____ ID Number: N _____

Mailing Address: _____

Phone: _____ Email: _____

I certify that the submitted information is true and accurate to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form.

Student's Signature: _____ Date: _____

SECTION B: TO BE COMPLETED BY AN AUTHORIZED AGENT

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 a Financial Aid Administrator is necessary. If there are additional questions or if more information is needed, please contact me at the number or email below.

I confirm that I am one of the following (check one, then list name, phone number and other contact information below):

- McKinney-Vento School District Liaison
- Director or designee of HUD-funded shelter
- Director or designee of a RHYA-funded shelter

I confirm that the aforementioned student was (check one):

- An unaccompanied homeless youth on or after July 1, 2020. This means that, on or after July 1, 2020, the student 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.
- An unaccompanied, self-supporting youth at risk of homelessness on or after July 1, 2020. This means that, on or after July 1, 2020, the student was not in the physical custody of a parent or guardian, was able to provide for their own living expenses entirely on their own, and is at risk of losing their housing.

Authorized Official (Print): _____ Title: _____ Phone Number: _____

Agency or School Name: _____

Mailing Address: _____ City/State/Zip: _____

Authorized Official Signature: _____ Date: _____ Email: _____