2023-2024 Unaccompanied Homeless Youth Verification Form

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|--|----------|-------------------|------------|
| STUDENT'S NAME DATE | OF BIRTH | S | TUDENT ID# |
| This form must be completed by a Liaison, Director or Designee as listed below. | | | |
| I am providing this letter of verification as a (check one): | | | |
| A McKinney-Vento School District Liaison | | | |
| A director or designee of a HUD-funded shelter | | | |
| A director or designee of a RHYA-funded shelter _ | | | |
| I, the Liaison, Director, or Designee as checked above, verify | that | | was: |
| An unaccompanied homeless youth on or after July 1, 2022 | | | |
| This means that on or after July 1, 2022, the student named above 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, 2022 | | | |
| This means that on or after July 1, 2022, the student named above 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. | | | |
| 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 Administration is necessary. Please contact me at the number listed below to verify or to request additional information regarding this student. | | | |
| PRINTED NAME OF LIAISON, DIRECTOR, OR DESIGNEE CHECKED ABOVE | - E | TITLE | |
| PLACE OF EMPLOYMENT | - | WORK PHONE NUMBER | |
| COMPLETE ADDRESS OF PLACE OF EMPLOYMENT (INCLUDE CITY, STATE | ΓE, ZIP) | | |
| AUTHORIZED SIGNATURE | _ | DATE | |

Do not mail this form to the U.S. Department of Education. Submit this form and any other required documentation to the financial aid administrator at your school.