



## Unaccompanied Homeless Youth Verification For the Purposes of Federal Financial Aid

**Re:** Name of Student

**DOB:** x/x/xxxx

**SSN:** xxx-xx-xxxx

**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):**

- A McKinney-Vento School District Liaison
- A director or designee of a HUD-funded shelter: \_\_\_\_\_
- A director or designee of a RHYA-funded shelter: \_\_\_\_\_
- 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 NAME OF STUDENT was:

Check one:

an unaccompanied homeless youth after July 1, 2009

This means that, after July 1, 2009, NAME OF 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 after July 1, 2009.

This means that, after July 1, 2009, NAME OF STUDENT 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.

Authorized Signature	Date
Print Name	Telephone Number
Title	
Agency	