

2019-2020 Unaccompanied Homeless Youth Status

Student Information

NAME:	
DOB:	
SSN:	
MAILING ADDRESS: (If none, please list name, phone number, and address of a contact)	

Verifier Information

NAME:	
PHONE:	
ORGANIZATION:	
MAILING ADDRESS:	

I am providing this letter of verification as a: *(Check one box below)*

- Your School District Homeless Liaison
- A director or designee of a HUD – funded shelter
- A director or designee of a RHYA-funded shelter

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 _____ was:
Name of Student

- An unaccompanied homeless youth after July 1, 2018**

This means that, after July 1, 2018, the above named 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, 2018.**

This means that, after July 1, 2018, the above named student was not in the physical custody of a parent or guardian, provides his/her own living expenses entirely on his/her own, and is at risk of losing his/her housing.

Verifiers Signature

Date