

**UNACCOMPANIED HOMELESS YOUTH VERIFICATION LETTER
FOR THE PURPOSE OF FEDERAL FINANCIAL AID**

RE: _____

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, then list name, phone number, and contact information):

High school or school homeless liaison

Name

Director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development

Street Address

City, State and Zip

Director of a runaway or homeless youth basic center or transitional living program.

Phone Number

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:

an unaccompanied homeless youth after July 1, 2010 .

This means that, after July 1, 2010, _____ 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, 2010.

This means that, after July 1, 2010, _____ 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.

Signature of Designated Official Completing this Form

Date