

2018-19 Unaccompanied Homeless Youth Verification Form

Student's First Name

Last Name

Middle Initial

LMC ID

On your 2018-2019 Free Application for Federal Student Aid (FAFSA), you indicated you were **an unaccompanied youth who was homeless, or self-supporting and at risk of being homeless, at any time on or after July 1, 2017**. To document your status, please have the appropriate individual complete and return this form.

AUTHORIZED INDIVIDUAL DOCUMENTING STUDENT STATUS

Please identify who is providing the authorization on this form confirming the student's living situation and status:

- A McKinney-Vento School District Homeless Liaison (list district): _____
- A director or designee of a HUD-funded shelter (list shelter name): _____
- A director or designee of a RHYA-funded shelter (list shelter name): _____
- Other including a college or high school counselor, a school district homeless liaison, a director of an emergency shelter or transitional housing program, or a director of a runaway or homeless youth basic center or transitional living program, financial aid administrator, personnel from college access programs such as TRIO and GEAR UP, other mental health professionals, social worker, doctor, and clergy. *Please attach documented interview with the student*

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.

This letter is to confirm that the above named student was:

- An unaccompanied homeless youth after July 1, 2017, 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, 2017. This means that, after July 1, 2017, he/she was not in the physical custody of a parent or guardian, provides for his/her living expenses entirely on his/her own, and is at risk of losing his/her housing.

CERTIFICATION AND AUTHORIZATION

By signing this form, I certify that all of the information reported is complete and accurate.

Authorized Official Signature_____
Date_____
Print Name in full and Title_____
Agency Name & Telephone #