



Homeless/ Unattached Youth Verification for the Purposes of Federal Financial Aid

School Name:

Student Name:

DOB

SSN:

Current Mailing Address of Student:

I am providing this letter of Verification as a (check one):

___ A McKinney-Vento School district Liaison

___ A Director of designee of a HUD funded shelter

___ A Director of designee of 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 below.

This letter is to confirm that _____ was:

___ A student that was homeless or at risk of being homeless after July 01, 2016. (This means that after July 01, 2016, this student was living in a homeless situation, as defined by section 725 of the McKinney Vento Act.)

___ An unaccompanied homeless youth after July 01, 2016.(this means that after July 01, 2016, this 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 July1,2016.(this means that after July 1, 2016 this 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/School Name