

Unaccompanied Homeless Youth Verification

Name (please print)	Student ID Number
yes to one of the unaccompanied	022 Free Application for Federal Student Aid (FAFSA) you answered homeless youth questions. Please complete this verification form and with the certification from the appropriate agency verifying your
motels. • "Unaccompanied" means you ar	regular and adequate housing, which includes living in shelters or re not living in the physical custody of your parent or legal guardian. of age or younger or you are still enrolled in high school as of the day
2 of this form to an approp	ree boxes below, you must provide documentation by submitting page priate certifying official who can verify your living situation. who was homeless as determined by high school or School District
☐ Unaccompanied youth v	who was homeless as determined by Housing and Urban Development
☐ Unaccompanied youth when the companied youth when the companies is a second of the companies of the compa	who was homeless and at risk of being homeless as determined by or transitional living program
request, I agree to provide misrepresentation can be aid. I give permission to th	hat all information on this form is true, complete, and accurate. Upon a proof of the information reported on this form. False statements or cause for denial, reduction, withdrawal, and/or repayment of financial are Financial Aid Office to make corrections/adjustments to data on my d/or documents submitted.
	rovides equal opportunity in education and employment and does not discriminate
	religion, national origin, marital status, gender, sexual orientation or disability



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Section to be completed by Certifying Official Please attach your business card or this statement on agency or school district letterhead

Contact information for certifying official:	Please indicate mailing address & phone number for the student:
Name	
Street Address	Street Address
City, State, Zip	City, State, Zip
Phone #	Phone #
Email	
I am providing this letter and attached document	tation of verification as a (check one):
☐ High School Homeless Liaison or School District	t Liaison
☐ Director of a HUD-funded shelter (HUD—U.S. D	Dept. of housing & Urban Development)
☐ Director or designee of a RHYA-funded shelter transitional living program.	(RHYA—Runaway & Homeless Youth Act) or
	ct (Public Law 110-84), I am authorized to verify this onal questions or need more information about this above.
This letter is to confirm thatStud	was (please check below): lent's Name
	r July 1, 2021. This means that, on or after July 1, 2021,
the student was living in a homeless situation and guardian. (Attached document proof of the stude	d was not in the physical custody of a parent or
means that, on or after July 1, 2021, the student	isk of being homeless on or after July 1, 2021. This was not in the physical custody of a parent or guardian, on his/her own, and is at risk of losing his/her housing. is provided)
Signature of Certifying Official:	Date: