Unaccompanied Homeless Youth Verification Letter

20___ to 20___ Academic Year

Student Name: ___________________________________________ Student ID: ______________________

(If you do not have a current mailing address, please list name, phone number and mailing address of a current contact):

________________________________________________________________________________________

The section below is to be completed only by a legally designated certifying official

This letter is to confirm that _____________________________________________ was:

(Choose one)

___ An unaccompanied homeless youth on or after July 1 of academic school year.

This means that, on or after July 1 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 on or after July 1 of academic school year.

This means that on or after July 1 this student was not in the physical custody of a parent or guardian, provides for their own living expenses entirely on their own, and is at risk of losing their housing.

I am providing this letter of verification as a:

(choose one, then list name, phone number, and other contact information)

___ A McKinney-Vento School District Liaison:
   Name/address of school district ____________________________________________________________
   ____________________________________________________________

___ A director or designee of a HUD-funded shelter:
   Name/address of HUD-funded shelter _______________________________________________________
   ____________________________________________________________

___ A director or designee of a RHYA-funded shelter:
   Name/address of 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.

Name of Certifying Official: ______________________________________ Date: ______________________
Address: ______________________________________________________ Phone: ______________________

Signature of Certifying Official: ______________________________________