UNACCOMPANIED HOMELESS YOUTH VERIFICATION LETTER  
2013–2014

For the purposes of Federal Financial Aid

Instructions: Complete the student section, bring this form to the certifying official to complete and return to the Financial Aid Office at the address listed on the bottom of this form.

Student Section

Student's Name: ___________________________________________________________________________________

DOB: ___________________________________________ Student ID or SSN: __________________________________

Current Mailing Address of Student (if none, please list name, phone number, and mailing address of current contact):
________________________________________________________________________________________________________________________________________________________

Certifying Agent/Liaison

I am providing this letter of verification as (check one, then list name, phone number, and other contact information):

☐ A McKinney-Vento High School District Liaison: __________________________________________________________

☐ A director or designee of a HUD-funded shelter: _______________________________________________________

☐ A director or designee of a 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. 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 (student name): ____________________________________________________________ was

Check one:

☐ An unaccompanied homeless youth after July 1, 2012.
   This means that, after July 1, 2012, the above listed individual 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, 2012.
   This means that, after July 1, 2012, the above listed individual; 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 Certifying Official: ____________________________ Date: __________________

Fitchburg State University  ■  Financial Aid Office  ■  160 Pearl Street  ■  Fitchburg, MA 01420  ■  Phone (978) 665-3156