2017-2018 UNACCOMPANIED/HOMELESS YOUTH VERIFICATION FORM

The Free Application for Federal Student Aid (FAFSA) stipulates that a student 23 years of age or younger may be considered independent for financial aid purposes if they have received a determination at any time on or after July 1, 2016 that they were an unaccompanied youth who was homeless or at risk of being homeless. If you answered yes to this question this form is required as documentation of your status. Please complete and return to the VCU Office of Financial Aid.

NAME __________________________________________________________________________

ADDRESS Street Address Apt. # City State Zip Code

DATE OF BIRTH __________________________________________ EMAIL ADDRESS ________________________________

HOME PHONE NUMBER __________________________ ALTERNATE/CELL-PHONE NUMBER __________________________

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

☐ A McKinney-Vento 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. 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:

☐ an unaccompanied homeless youth on or after July 1, 2016.

This means that, on or after July 1, 2016 __________________________________________ 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.

OR

☐ an unaccompanied, self-supporting youth at risk of homelessness on or after July 1, 2016.

This means that, on or after July 1, 2016, __________________________________________ 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 __________________________ WORK PHONE NUMBER __________________________

TITLE ______________________________________ AGENCY __________________________