

# Unaccompanied Homeless Youth Verification



## Please fill in the spaces below:

Student's ID Number: \_\_\_\_\_

Email: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Current Mailing Address of Student (if none, please list name, phone number, and other contact information):**

Address	City	State	Zip	Phone

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

A school district liaison: \_\_\_\_\_  
*Name of School District*

A director or designee of a HUD-funded shelter: \_\_\_\_\_  
*Name of HUD-Funded Shelter*

A director or designee of a RHYA-funded shelter: \_\_\_\_\_  
*Name of RHYA-Funded Shelter*

A Financial Aid Administrator at: \_\_\_\_\_  
*Name of College*

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 \_\_\_\_\_ was:**  
**(check one)** *Student Name*

An unaccompanied homeless youth after July 1, 2016  
This means that, after July 1, 2016, the 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 July 1, 2016.  
This means that, after July 1, 2016, the 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: \_\_\_\_\_

Printed Name Here: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**University of Rio Grande/Rio Grande Community College**

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Rio Grande, OH 45674-0500

**Financial Aid Office**  
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Fax: 740-245-7102

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