

**OFFICE OF FINANCIAL AID  
2017-2018  
UNACCOMPANIED HOMELESS  
YOUTH VERIFICATION**

**NAME:** \_\_\_\_\_ **BCC ID#** \_\_\_\_\_

You indicated on your 2017-2018 FAFSA *or* have advised the Office of Financial Aid that you are an Unaccompanied Homeless Youth lacking fixed, regular, and adequate housing. Please complete and return this form along with supporting documentation to the office.

**1. If you are presently [or were a homeless youth in 2016] and lived in a facility providing temporary shelter, please have the section below completed:**

The following **MUST** be completed by an individual providing verification as a:

A McKinney-Vento School District Liaison - Name: \_\_\_\_\_

Contact Information \_\_\_\_\_

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

Contact information: \_\_\_\_\_

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

Contact Information: \_\_\_\_\_

*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 Office is necessary. Should the FAO have additional questions or need more information about this student, please contact me at the number listed above*

This statement is to confirm that \_\_\_\_\_ was 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.

\_\_\_\_\_  
**DIRECTOR/DESIGNEE NAME [PLEASE PRINT]**

\_\_\_\_\_  
**TITLE**

\_\_\_\_\_  
**DIRECTOR/DESIGNEE**

\_\_\_\_\_  
**DATE**

**AGENCY SEAL HERE**

2. **If you are presently [or were a homeless youth in 2016] who did not live in a temporary shelter, but in multiple homes temporarily, please complete the section below & provide the requested documentation:**

This statement is to confirm that after July 1, 2016 I was not in the physical custody of a parent/guardian and homeless **or** provided my own living expenses as either an (check one):

- unaccompanied homeless youth
- unaccompanied, self-supporting, & at risk of homelessness youth

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**NAME [PRINT]**

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**BCC ID#**

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**SIGNATURE**

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**DATE**

In addition to the self-certifying statement above, the office also requests you submit:

- A signed (typed) statement from the student explaining the details of their current situation
- A signed (typed) statement from a family member or friend who can confirm the student is current an unaccompanied homeless youth
- A signed (typed) statement from a 3<sup>rd</sup> Party (Counselor, Police Officer, Doctor, Lawyer, etc.) *\*not applicable if approved prior year*
- Submit copies of the student's 2015 & 2016 IRS Tax Transcript (if applicable)
- Complete & submit a copy of the 2017-2018 V6 Verification Worksheet