

## 2016-2017 Verification of Homeless Unaccompanied Youth Status

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

**INSTRUCTIONS:** The above student has certified on the Free Application for Federal Student Aid (FAFSA) that he/she is an unaccompanied homeless youth or a youth at risk of being homeless by answering one of the following questions:

- At any time on or after July 1, 2015, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless?
- At any time on or after July 1, 2015, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless?
- At any time on or after July 1, 2015, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?

We ask that you complete this certification for the above student as verification and return the form to the Moraine Park Technical College Financial Aid Office. The student's financial aid cannot be processed until this information is received.

**I am providing verification of unaccompanied homeless youth status as a (check one):**

- McKinney-Vento School District Liaison  
 Director or designee of a HUD-funded shelter  
 Director or designee of a RHYA-funded shelter

**I am authorized to verify this student's living situation by the College Cost Reduction and Access Act (Public Law 110-84). (Check the applicable status):**

- An unaccompanied homeless youth on or after July 1, 2015. 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, 2015. This 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Agency Name, Address and Phone Number:

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