Unaccompanied Homeless Youth Verification

KSC Financial Aid Office / Federal Student Aid Programs

HY

_____ _____ _____

Student's Name (Last, First, MI) **KSC ID #** **Date of Birth**

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

_____

I am providing this letter of verification as a (please 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. 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 below.

This letter is to confirm that _____was (please check one):

❑ **An unaccompanied homeless youth after July 1, 2014.**

This means that, after July 1, 2014, _____ 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, 2014.**

This means that, after July 1, 2014, _____ was not in the physical custody of a parent or guardian, provides for his/her own living expenses on his/her own, and is at risk of losing his/her housing.

_____ _____

Signature of Official **Date**

_____ _____

Print Name/Title **Telephone #**

Financial Aid Office – Keene State College, 229 Main Street, Keene, NH 03435-2606
Phone: 603-358-2280 – Fax: 603-358-2794 – Web: www.keene.edu/admissions/aid