

Unaccompanied Homeless Youth Verification

Name (<i>please print</i>)	Social Security Number	Student ID number
unaccompanied homeless youth questic	ree Application for Federal Student Aid (Fons. Please complete this verification formate agency verifying your homeless status	n and submit to the Financial Aid Office
motels, camping grounds, cars have nowhere else to go. Also may be considered homeless e	ed, regular and adequate housing, which in , abandoned buildings or temporarily livin , if you are living in any of these situation even if your parent would otherwise provi are not living in the physical custody of yo	ng with other people because you s and fleeing an abusive parent, you de a place to live.
	xes below, you must provide documenta cial who can verify your living situation.	tion by submitting page 2 of this form
	lly 1, 2021, did your high school or school npanied youth who was homeless or were	
program funded by the U.	Ily 1, 2021, did the director of an emerger S. Dept. of Housing & Urban Developmen o was homeless or were self-supporting a	t (HUD) determine that you were an
	Ily 1, 2021, did the director of a runaway of determine that you were an unaccompact of being homeless.	•
If your living situation cannot be definition?	e verified by the above agencies, does you	r living situation meet the following
	ing fixed, regular or adequate housing what with other people "couch surfing" becau	_
If you answered "Yes" to question #2, along with this form.	you must submit a detailed personal stat	tement of your current living situation
provide proof of the information reported action, withdrawal, and/or repayment	tion on this form is true, complete, and ac ed on this form. False statements or misre nt of financial aid. I give permission to the FAFSA based on forms and/or documents	epresentation can be cause for denial, e Financial Aid Office to make
Student's Signature:		Date:
Name (<i>please print</i>)	Social Security Number	Student ID number

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Financial Aid Services | 16101 Greenwood Avenue North, Shoreline WA 98133 | Email: financialaid@shoreline.edu | Fax: (206) 533-6609

SID:	
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Section to be completed by Certifying Official Please attach your business card or this statement on agency or school district letterhead.

Contact information for certifying official:	Please indicate mailing address & phone number for the student:	
Name		
Street Address	Street Address	
City, State, Zip	City, State, Zip	
Phone #	Phone #	
Email I am providing this letter of verification as a (check of the control of th	one):	
Tam providing this letter of verification as a (effect)	one,.	
$\ \square$ High School Liaison or High school McKinne	y-Vento School District Liaison	
$\ \square$ Director of a HUD-funded shelter (U.S. Dept	t. of Housing & Urban Development)	
 Director or designee of a RHYA-funded shel or transitional living program 	ter (RHYA—Runaway & Homeless Youth Act)	
•	Public Law 110-84), I am authorized to verify this student's living d Administrator is necessary. Should you have additional questions or ontact me at the number listed above.	
This letter is to confirm that	was (please check below):	
 An unaccompanied homeless youth on or a This means that, on or after July 1, 2021, th the McKinney-Vento Act and was not in the 	e student was living in a home situation, as defined by Section 725 of	
This means that, on or after July 1, 2021, th	et risk of being homeless on or after July 1, 2021. e student was not in the physical custody of a parent or guardian, tirely on his/her own, and is at risk of losing his/her housing.	
Signature of Certifying Official:	Date:	

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