

Unaccompanied Homeless Youth Verification

LII	gage. Acmeve.					
Name	(please print)	Student ID Number	E-mail			
unacc	ompanied homeless youth que		id (FAFSA) you answered yes to one of the form and submit to the Financial Aid Office atus.			
Defir	motels, camping grounds, c have nowhere else to go. A may be considered homeles	fixed, regular and adequate housing, wh ars, abandoned buildings or temporarily lso, if you are living in any of these situa as even if your parent would otherwise p ou are not living in the physical custody	living with other people because you tions and fleeing an abusive parent, you rovide a place to live.			
1.	•	boxes below, you must provide documents	entation by submitting page 2 of this form n.			
	-	· · · · · · · · · ·	hool district homeless liaison determine were self-supporting and at risk of being			
	At any time on or after July 1, 2022, did the director of an emergency shelter or transitional housing program funded by the U.S. Dept. of Housing & Urban Development (HUD) determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?					
	At any time on or after July 1, 2022, 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.					
2.	If your living situation cannot be verified by the above agencies, does your living situation meet the following definition?					
	 I am homeless meaning lacking fixed, regular or adequate housing which includes living in shelters, motels or cars, or temporarily living with other people "couch surfing" because I have nowhere else to go. □ YES □ NO 					
	ı answered "Yes" to question # with this form.	2, you must submit a detailed personal	statement of your current living situation			
orovic educ	de proof of the information repo tion, withdrawal, and/or repayr	mation on this form is true, complete, and orted on this form. False statements or rement of financial aid. I give permission to by FAFSA based on forms and/or docum	nisrepresentation can be cause for denial, o the Financial Aid Office to make			
Stude	nt's Signature:		Date:			
 Name	(please print)	Student ID number	E-mail			

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 am providing this letter of verification as a (check	one):				
☐ High School Liaison or High school McKinne	ey-Vento School District Liaison				
$\ \square$ Director of a HUD-funded shelter (U.S. Dep	t. of Housing & Urban Development)				
 Director or designee of a RHYA-funded shell or transitional living program 	Director or designee of a RHYA-funded shelter (RHYA—Runaway & Homeless Youth Act) or transitional living program				
,	Public Law 110-84), I am authorized to verify this student's living d Administrator is necessary. Should you have additional questions or contact me at the number listed above.				
	was (please check below):				
Student's Nam	ne				
An unaccompanied homeless youth on or a This means that, on or after July 1, 2022, the McKinney-Vento Act and was not in the	ne student was living in a home situation, as defined by Section 725 of				
An unaccompanied, self-supporting youth a	at risk of being homeless on or after July 1, 2022.				
This means that, on or after July 1, 2022, th	ne student was not in the physical custody of a parent or guardian,				
provides for his/her own living expenses er	ntirely on his/her own, and is at risk of losing his/her housing.				
Signature of Certifying Official:	Date:				

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