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Student ID #	Last Name		First Name		
	EASTERN				
2018-2019 Unaccompanied / Homeless Youth Verification For Federal Financial Aid					
Re:		DOB:			
(Name of Student)					
Current Mailing Address of Student (if none, please list name, phone number, and mailing address of current					
contact):					
<u></u>					
I am providing this letter of	of verification as a: (<u>check one</u>)				
A McKinney-Vento	School District Liaison				
• A director or desigr	nee of a HUD-funded shelter				
• A director or design	nee of a RHYA-funded shelter				
living situation. No further	duction and Access Act (Public Lav verification by the Financial Aid A formation about this student, plea	dministrator is neo	cessary. Should you have addit		

This letter is to confirm that the above-named student was: (check one)

_____ an unaccompanied homeless youth after July 1, 2017

This means that, after July 1, 2017, the above-named 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 after July 1, 2017. This means that, after July 1, 2017, the above-named 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.

Authorized Signature	Date
Printed Name	Telephone Number
Title	
Agency	