**Unaccompanied Homeless Youth**

**Documentation of Independent Student Status for the FAFSA & DCTAG**

**Re:** [Name of Student**]**

**DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 (check one):**

A McKinney-Vento school district liaison

A financial aid administrator

A director or designee of a HUD-funded shelter

A director or designee of a RHYA-funded shelter

This letter is to confirm that was:

Check one:

an unaccompanied homeless youth after July 1, 2023.

This means that, after July 1, 2023, \_\_\_\_\_\_\_\_ 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, 2023.

This means that, after July 1, 2023, \_\_\_\_\_\_\_\_ 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.

As per the College Cost Reduction and Access Act (Public Law 110-84), I am authorized to document this student’s living situation and determine his/her independent student status as an unaccompanied homeless youth or unaccompanied, self-supporting youth at risk of homelessness. The financial aid office is not required to confirm this determination in the absence of conflicting information. It is not conflicting information if the financial aid administrator disagrees with my determination.[[1]](#footnote-1) Please note that it is a serious offense, subject to fine and or imprisonment, to misrepresent information or to alter documentation to fraudulently obtain federal funds. Individuals suspected of doing so may be reported to the United States Department of Education’s Office of the Inspector General (“ED/OIG”) for prosecution.

Feel free to address any questions to me at the number or email address listed below.

|  |  |  |
| --- | --- | --- |
| Authorized Signature: | Telephone Number: | Date: |
| Print Name: | Email: | |
| Title: | School/Agency: | |
| Student’s Signature: | Student’s Printed Name: | |

**By signing this document, I attest that the information contained herein is true and accurate to the best of my knowledge.**

1. 2024-25 Application and Verification Guide, <https://fsapartners.ed.gov/knowledge-center/fsa-handbook/2024-2025/application-and-verification-guide/ch5-special-cases> [↑](#footnote-ref-1)