



UNACCOMPANIED HOMELESS YOUTH VERIFICATION LETTER (16/17)

Student's Full, Legal Name: _____

Student RCC ID #: _____ Date of Birth: _____

Phone/Message Phone: _____ E-mail: _____

Current Mailing Address: _____
(If no current mailing address, please list the name, phone number and mailing address of a current contact.)

OPTION 1

This section is to be completed only by a **legally-designated certifying official (check one)** who, on/after July 1, 2015, has determined that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless. Key definitions are as follows (per Section 725 of the McKinney-Vento Act):

“Unaccompanied” – Not living in the physical custody of your parent or guardian.

“Homeless” – Lacking fixed, regular and adequate housing. You may be homeless if you are living in shelters, parks, motels, cars, or are temporarily living with other people because you have nowhere else to go. Also, if you are living in any of these situations and fleeing an abusive parent, you may be considered homeless even if your parent would provide support and a place to live.

“Youth” – Less than 22 years old, or still enrolled in high school as of the day you filed your 16/17 FAFSA.

_____ High school or school district homeless liaison per section 722(g)(1)(J)(ii) of the McKinney-Vento Homeless Assistance Act *(Not applicable if no longer in high school.)*

_____ Director (or designee) of an emergency shelter or transitional housing program funded by the US Dept. of Housing and Urban Development (HUD) *(Not applicable in So. Oregon.)*

_____ Director (or designee) of a runaway or homeless youth basic center or transitional living program *(Not applicable in So. Oregon.)*

As per the College Cost Reduction and Access Act (Public Law 110-84), I am authorized to provide the following certification:

I certify that on or after 7/1/15, this youth was living in a homeless situation and was not in the physical custody of a parent or guardian.

I certify that on or after 7/1/15, this youth was not in the physical custody of a parent or guardian, provided for his or her own living expenses entirely on his/her own, and/was at risk of becoming homeless.

Printed Name of Certifying Official: _____ Title: _____

Organization: _____ Address: _____

Phone: _____ E-mail: _____

Signature of Certifying Official: _____ Date: _____

OPTION 2

If you do not have a legally-designated certifying official that can certify your status, there's another option! (See next page.)

