



Unaccompanied Homeless Verification Letter

www.clatsopcc.edu _____

Student name: _____ CCC ID # _____

Date of Birth: _____ Current Mailing Address _____

Phone/Message Phone: _____ E-mail: _____

Your status for financial aid as an Independent student is based solely on what you reported on the 2017-2018 FAFSA that have to do with being an unaccompanied youth who was homeless on or after July 1, 2016. The section below must be completed by one of the three individuals listed. You will choose the appropriate individual to complete this form based on your situation on or after July 1, 2016.

*The section below to be completed only by a Liaison, Director or Designee as listed

I am a: (check one)

- High school or school district homeless liaison per section 722(g)(1)(J)(ii) of the McKinney-Vento School Homeless Assistance Act- (Contact your school district for information on how to contact this person)
- Director or designee of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development (HUD)
- Director or designee of a runaway or homeless youth basic center or transitional living program

I, the Liaison, Director or Designee as checked above, verify that the following student

_____ was:

(Print student's name above)

Check one:

A an *unaccompanied homeless youth (21 or younger) on or **after July 1, 2016**. This means that, on or **after** July 1, 2016, this 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

B an *unaccompanied, self-supporting youth (21 or younger) at risk of homelessness on or **after July 1, 2016**. This means that, on or after July 1, 2016, this student was **not** in the physical custody of a parent or guardian, provides for his/her own living expense 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 verify this student's living situation. Please use my contact information below for verification or if additional information is needed.

Printed Name of liaison, director or designee checked above _____ Title _____

Place of employment _____ (_____) _____
Work phone number

Address of place of employment _____ City _____ State _____ Zip Code _____

Signature of Liaison, director or designee _____ Date _____

Return to:
Clatsop Community College, Columbia Hall, Room 109 / Financial Aid / Welcome Center
1651 Lexington Ave., Astoria, OR 97103 / 503.338-2322 / finaid@Clatsopcc.edu / www.clatsopcc.edu