

Unaccompanied Homeless Youth Verification

The Financial Aid Office has completed the initial review of your Free Application for Federal Student Aid (FAFSA). The Financial Aid Office has received information from the U.S. Department of Education that you are considered an independent student. We now need to verify that you meet the criteria to be considered an unaccompanied homeless youth. Please complete this form, attach the appropriate documentation, and return it to the Financial Aid Office as soon as possible.

$\$ PROCESSING OF YOUR AID HAS STOPPED UNTIL THIS FORM AND ALL DOCUMENTS ARE RETURNED $\$

Homelessness – means lacking fixed, regular and adequate housing, which includes living in shelters, motels or cars, temporarily living with other people because you had nowhere else to go.

Unaccompanied - means you are not living in the physical custody of your parent or guardian.

Youth – means you are 21 years of age or younger or you are still enrolled in high school as of the day you sign your FAFSA.

Attached documentation from one of the following:

- A McKinney-Vento School District Liaison.
- A director or designee of a HUD-funded shelter.
- A director or designee of a RHYA-funded shelter.

To confirm:

- You are an unaccompanied homeless youth This means that, after July 1st of last year, you are living in a homeless situation, as defined by Section 725 of the McKinney-Vento Act, and are not in the physical custody of a parent or guardian.
- You are an unaccompanied, self-supporting youth at risk of homelessness This means that, after July 1st of last year, you are not in the physical custody of a parent or guardian, you provide for you own living expenses entirely on your own, and are at risk of losing your housing.

Current Mailing Address (if none, please list name, phone number, and mailing address of current contact):

If you cannot obtain documentation from one of the above officials:

<u>Attach</u> all documentations below:

A Notarized letter explaining your situation, if you have other circumstances that qualify you as an unaccompanied homeless youth or are at risk of homelessness and are not able to get documentation from one of the above officials. The letter should provide as much detail as possible, describing your separation from your parents.

- Include the whereabouts of your biological parents and their current living arrangements and the last contact you had with your biological parents and the frequency of contact with them over the past year(s).
- *№* Why you cannot provide parental information on the Free Application for Federal Student Aid (FAFSA).
- Your living arrangements over the past year(s); with whom you have lived with and who has provided financial support for you.
- ≁ Your current living arrangements; with whom you live with and who provides financial support to you
- ✤ Your name, Social Security Number, and Signature

The National Center for Homeless Education 1.800.308.2145 is also available if you have questions.

- Letters from <u>two</u> individuals who can attest to your situation. Their letters should be one to two pages and provide as much detail as possible describing your separation from your parents.
 - The first letter should be from a professional individual not related to the student counselor, social worker, teacher, clergy, police, etc.
 - ✤ The second letter should be from either a professional or non-professional individual who is very familiar with your situation.
 - A Each letter must include the individual's name, title or position, address and must be signed.
 - *▶* The individuals cannot be related to each other and must reside at separate addresses.

I am <u>not</u> homeless and do not qualify as an unaccompanied homeless youth or youth at risk of homelessness.

- You must correct the information on your FAFSA by providing your parent(s) financial information.
- You and one parent must sign the FAFSA and submit it to the Federal processor.

Statement of Certification: I certify that the information given on this form is true and complete.

Students Signature	Date	Phone Number
Students Name (please print)		Social Security #

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