

SUNY Ulster County Community College
Office of Financial Aid
Stone Ridge, NY 12484
Phone: 845 687-5058 Fax: 845 687-5172

Unaccompanied Homeless Youth Verification

Name: _____

Date of Birth: _____

Social Security Number: _____

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 (check one):

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

As per the College Cost Reduction and Access Act (Public Law 110-84), I am authorized to verify this student's living situation. No further verification by the Financial Aid Administrator is necessary. Should you have additional questions or need more information about this student, please contact me.

This letter is to confirm that _____ (student) was

Check one:

- An unaccompanied homeless youth after July 1, 2016.
This means that, after July 1, 2016, _____ 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, 2016.
This means that, after July 1, 2016 _____ 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
Print Name	Telephone Number
Title	
Agency	

