

Return Form to: The Office of Financial Aid 2404 North Grand Ave. Tyler, Texas 75702 shone: (903) 593-8311 Fax: (903)593-9

Telephone: (903) 593-8311 Fax: (903)593-9607 Email:financialaid@texascollege.edu

Unaccompanied Homeless Youth Verification Form

STUDENT'S NAME	STUDENT ID#		
ou reported on your financial aid application that you are an unaccompanied youth who is homeless or ar naccompanied youth providing for your own living expenses who is at risk of being homeless. Please complete this orm by checking one of the boxes below, sign and submit it, along with any required documentation, to the financial id office. Include your student ID number on all documentation submitted.			
Unaccompanied – means you are not living in the physic	cal custody of your parent or guardian.		
Homeless – means lacking fixed, regular and adequate h cars, or temporarily living with other people because you			
Youth – means you are 23 years of age or younger or you sign your financial aid application.	u are still enrolled in high school as of the day you		
☐Attaching documentation verifying homelessness or	risk of homelessness:		
By checking this box, you declare that you are able an unaccompanied youth who is a homeless child or y Homeless Assistance Act. Please print the 2019-20 Un Form and have it completed and signed by a Liaison, I	to provide verification of your status as youth defined in the McKinney-Vento haccompanied Homeless Youth Agency Verification		
☐ Unable to obtain documentation—23 years of age of application was signed:	younger at the time your financial aid		
Attach a letter explaining your situation if you have of unaccompanied homeless youth or are at risk of home			
documentation from one of the above officials. Attack your statements. Please provide information requeste to leave their parents' home will need to demonstrate to live with their parents. The National Center for Hor if you have questions.	h any information you may have in support of ed on page 2 of this form. A student who chooses e that they were at risk of harm if they continued		
☐ Not homeless and will provide parental information	on my financial aid application:		
I am not homeless and do not qualify as an unaccomp homelessness.	panied homeless youth or youth at risk of		
You must correct the information on your financial aid applicat and one parent must sign the financial aid application and sub			
Student's Signature	Date		



HOMELESS YOUTH CERTIFICATION REQUEST

1.	Date of homelessness	:				
2.	2. In which of the following situations did you reside during homelessness:					
	☐ Motel	☐ Shelter or other temporary housing program				
	☐ Car	☐ Inadequate housing (insufficient to meet physical and psychological needs)				
	☐ Campsite	Friend's house				
3.	3. In which of the following situation do you <i>currently</i> reside:					
	☐ I currently have adequate housing					
	☐ Motel	Shelter or other temporary housing program				
	☐ Car	☐ Inadequate housing (insufficient to meet physical and psychological needs)				
	☐ Campsite	Friend's house				
 4. Please check all scenarios that describe your <i>current</i> financial situation: I am self-supporting and receive zero help from others. I am at risk of being homeless due to inadequate fixed income and support. I am not self-supporting and receive adequate assistance/support from family/others. 						
					Other:	
				purpo	-	ertify that all information reported on this worksheet is complete and correct. If I ading information, I may be fined, sentenced to jail, or both.
Finan	cial Aid Office Use Onl	у				
□ No	•	ency—qualifies as unaccompanied homeless youth under—determined to be an unaccompanied homeless youth by financial aid office parental data				
Comm	ents Supporting Decision	<u> </u>				
Date o	f Review:	Reviewed by:				



Unaccompanied Homeless Youth Agency Verification Form

STUDENT'S NAME	STUDENT ID#			
This form must be completed by a Liaison, Director or Designee as listed below.				
I am a: (check one)				
☐ McKinney-Vento School District Homeless Liaison (Contact you	r school district for contact information on this person)			
Director or designee of a U.S. Department of Housing and Ur or transitional housing program, or	ban Development (HUD) funded emergency shelter			
☐ Director or designee of a runaway or homeless youth basic ce Runaway and Homeless Youth Act (RHYA)	enter or transitional living program funded by the			
I, the Liaison, Director or Designee as checked above, verify that	was:			
Check one:				
An unaccompanied homeless youth (under 21) after July 1, 2 This means that after July 1, 2017, the student named above v 725 of the McKinney-Vento Act, and was not in the physical c	was living in a homeless situation, as defined by Section			
An unaccompanied, self-supporting youth (under 21) at risk of This means that after July 1, 2017, the student named above of provides for his/her own living expenses entirely on his/her or	was not in the physical custody of a parent or guardian,			
As per the College Cost Reduction and Access Act (Public Law 110 situation. No further verification by the Financial Aid Administrat listed below to verify or to request additional information regardi	or is necessary. Please contact me at the number			
Printed Name of Liaison, Director or Designee checked above	Title			
Place of Employment	Work Phone Number			
Complete Address of Place of Employment (include City, State and Zip Co				
Signature of Liaison, Director or Designee	Date			