

Unaccompanied Homeless Youth Verification Letter

Student name:		CCC ID #	CCC ID #	
Date of Birth:	e of Birth: Current Mailing Address			
Your status for financial aid a FAFSA that have to do with be below must be completed by <u>or</u> this form based on your situation	ing an unaccompanied youth <u>ne</u> of the three individuals list	who was homeless on or af ed. You will choose the app		
*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				
(Print student's name above)				
Check one:				
 an *unaccompanied homeless youth on or after July 1, 2022. This means that, on or after July 1, 2022, 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 				
	d calf augmenting youth at vi	ale of homologonogo on or of	tor 1.4. 1 2022	
an *unaccompanied, self-supporting youth at risk of homelessness on or after July 1, 2022 . This means that, on or after July 1, 2022, this student was <u>not</u> in the physical custody of a parent or guardian, provides for his/her own living expense entirely on his/her own, <u>an</u> d 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, directo	r or designee checked above	Title		
		()		
Place of employment		Work phone number	Work phone number	
Address of place of employmer	t City	State	Zip Code	
Signature of Liaison, director o	r designee	Date		

Clatsop Community College | First Stop | Columbia Hall | Room 109 1651 Lexington Ave., Astoria, OR 97103 | finaid@Clatsopcc.edu | www.clatsopcc.edu

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