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Student ID (E Number)

Last Name

First Name

2023-2024 UNACCOMPANIED / HOMELESS YOUTH VERIFICATION FOR FEDERAL FINANCIAL AID

indicated tha	fy information provided on your Free Application tyou are a homeless student and therefore must shour current housing status:	on for Federal Student Aid (FAFSA). You have at provide documentation. Please provide a brief
Please check	the method you are using to verify this information	tion:
Option 1	Agency Representative	(COMPLETE PAGE 2)
	Authorized by the College Cost Reduction a	and Access Act
Option 2	Signed Statement from a Third-Party	(ATTACH LETTER)
	please provide a signed statement from a	atus with an authorized representative (see above), third-party (clergy, relative, friend) who is not an
	EIU student and is aware of your housing si	tuation.
STUDENT SIG	NATURE	DATE

Complete and sign this form, then submit it to our office in person (Student Services Building East Wing), via email at **finaidverification@eiu.edu** or by fax at 217-581-6422.



TELEPHONE: 217-581-6405 FAX: 217-581-6422 EMAIL: FINAIDVERIFICATION@EIU.EDU

2023-2024 UNACCOMPANIED / HOMELESS YOUTH **VERIFICATION FOR FEDERAL FINANCIAL AID**

OPTION 1 AUTHORIZED BY THE COLLEGE COST REDUCTION AND ACCESS ACT

Ke:	DOR:
Name of Student	
Current Mailing Address of Student (if none, please list name, phone number, ar	nd mailing address of current contact):
I am providing this letter of verification as a: (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	
This letter is to confirm that the above-named student was: (check one)	
An unaccompanied homeless youth after July 1, 2022	
This means that, after July 1, 2022, the above-named student was living	
by Section 725 of the McKinney-Vento Act, and was not in the physica	I custody of a parent or guardian.
An unaccompanied, self-supporting youth at risk of homelessness aft	er July 1, 2022.
This means that, after July 1, 2022, the above-named student was not	
guardian, provides for his/her own living expenses entirely on his/her housing.	own, and is at risk of losing his/her
-	
As per the College Cost Reduction and Access Act (Public Law 110-84), I a living situation. No further verification by the Financial Aid Administrator	
,	,
AUTHORIZED SIGNATURE	DATE
PRINTED NAME	TELEPHONE NUMBER
TITLE	
AGENCY	<u> </u>