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**Student ID #** **Last Name** **First Name**

# 2020-2021 Unaccompanied / Homeless Youth Verification For Federal Financial Aid

Re: _____ DOB: _____
(Name of Student)

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 a: (<u>check one</u>)**

- 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 at the number listed above.

**This letter is to confirm that the above-named student was: (<u>check one</u>)**

_____ an unaccompanied homeless youth after July 1, 2019
This means that, after July 1, 2019, the above-named 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.

_____ an unaccompanied, self-supporting youth at risk of homelessness after July 1, 2019.
This means that, after July 1, 2019, the above-named student 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 |
|---|---|
| Printed Name | Telephone Number |
| Title | |
| Agency | |

EASTERN ILLINOIS UNIVERSITY
OFFICE OF FINANCIAL AID AND SCHOLARSHIPS, 600 LINCOLN AVENUE, CHARLESTON, IL 61920
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