

2017-2018 Unaccompanied Youth Verification For the Purposes of Federal Financial Aid

STUDENT INFORMATION:		
First Name:	Last Name:	Student ID:
Instructions: On your 2017-2018 Free	Application for Federal Student Aid (F	AFSA) you indicated that you
•	h. To document this, have the appropria	•
-	• • •	te official complete this form an
return to the ENMU-Roswell Financial	Aid Office as soon as possible.	
I am providing this letter of verificat	ion as a (check one):	
☐ A School District Liaison:		
☐ A director or designee of a HUD-fu	nded shelter:	
☐ A director or designee of a RHYA-f	funded shelter:	
	cess Act, I am authorized to verify this stud formation about this student, please contact	
This letter is to confirm that Check one:		"STUDENT" was:
☐ an unaccompanied homeles This means that, after July 1, 2016, "STUI McKinney-Vento Act, and was not in the p	DENT" was living in a homeless situation, a	as defined by Section 725 of the
This means that, after July 1, 2016, "STUI	pporting youth at risk of homelessing DENT" was not in the physical custody of a /her own, and is at risk of losing his/her homelessing his/her his/her homelessing his/her his/he	parent or guardian, provides for
motels or cars, or are temporarily living	llar and adequate housing. You may be homeles g with other people because you have nowhere sive parent you may be considered homeless ev	else to go. Also, if you are living in any
-	living in the physical custody of your parent or q	guardian.
" Youth " means you are 21 years of ag	e or younger	
By signing this worksheet, I certify that all	of the information reported on this worksh	eet is complete and correct.
Authorized Signature		Date
Print Name		Telephone Number
Title		
Agency		

Warning: If you purposely give false or misleading information on the worksheet, you may be fined, sentenced to jail, or both.