

2019-2020 Unaccompanied Homeless Youth Verification Form

Student Name		SSN	
Current Mailing Address	of Student:		
City	State	Zip	Phone #
I am providing this letter of information.	of verification as a (chec	k one, then list nar	me, phone number, and other contact
A McKinney-Vento	School District Liaison		
A Director or Design	ee of a HUD-funded she	elter	
A Director or Design	ee of a RHY A-funded s	helter	
living situation. No furthe	r verification by a Finan	cial Aid Administra	0-84), I am authorized to verify this student's ator is necessary. Should you have lease contact me at the number listed above
This letter is to confirm that			was:
		Name of Stu	udent
			in a homeless situation, as defined by physical custody of a parent or guardian.
means that, after	July 1, 2018, he/she was	s not in the physic	of homelessness after July 1, 2018. This al custody of a parent or guardian, provides is at risk of losing his/housing.
Authorized Signature:			Date
Print Name:			Telephone
Title:	Agency		
Please mail to: Finand	cial Aid Office, Richmo	nd Community C	ollege, P.O. Box 1189, Hamlet, NC 28345