

UNACCOMPANIED OR HOMELESS YOUTH VERIFICATION (2021-2022 ACADEMIC YEAR)



Scan the code on your phone and follow instructions to upload this document to CCC.

CCC ID#	Last Name	First Name	MI
Mailing Address		City	ST Zip Code
		@students.coconino.edu	
Phone # (include area code)	CCC Student Email Address		

Section 480(d)(1)(H) of the Higher Education Act of 1965 provides that an applicant for Financial Aid is an independent student who does not need to provide parental information on the FAFSA® if the applicant is an unaccompanied homeless youth as defined in section 725 of the McKinney-Vento Homeless Assistance Act (McKinney-Vento) (42 U.S.C. 11434a) or is unaccompanied, at risk of homelessness, and self-supporting as verified by an Authorized Official. An Authorized Official is defined as a McKinney-Vento School District Liaison, Director or designee of an HUD or RHYA-funded shelter, or a Financial Aid Administrator.

According to the College Cost Reduction and Access Act (Public Law 110-84), I, the official listed above, am authorized to verify the above student's living situation. Should you have more questions or need more information about this student, please contact our office at the number listed above.

I am providing this letter of verification as a:

- A McKinney-Vento School District Liaison
- Director or designee of an HUD-funded shelter (*shelter name*): _____
- Director or designee of an RHYA-funded shelter (*shelter name*): _____
- Financial Aid Administrator at CCC

I confirm the following that _____ was:
Please print student's name


- An unaccompanied homeless youth after July 1, 2020.
 - o After July 1, 2020, the 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, 2020
 - o After July 1, 2020, the student was not in the physical custody of a parent or guardian, provides for his or her own living expenses entirely on his or her own, and is at risk of losing his or her housing.

Authorized Official Information

Authorized Official Signature	Date
Print Name	Title
Agency	Phone Number

I certify that information provided on this form is true and complete to the best of my knowledge. Purposely giving false or misleading information may result in a delay or denial of my federal financial aid and I may be fined up to \$20,000, sent to prison or both. I hereby provide consent for the use of electronic records and signatures on all financial aid documents. I understand that if I choose to sign electronically, my electronic signature constitutes a binding contract and may not be denied legal effect, validity, or enforceability solely because it is in electronic form or because an electronic signature or electronic record was used in its formation.



Draw your signature with a mouse, touchscreen or pen. Do not type. 

Date